

STATE TITLE V BLOCK GRANT NARRATIVE

STATE: PA

APPLICATION YEAR: 2005

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I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

The appropriate Assurances and Certifications (non-construction program, debarment and suspension, drug free workplace, lobbying, program fraud, and tobacco smoke) are signed and on file in the Director's Office of the Bureau of Family Health.

They can be obtained by calling the Director at (717) 787-7192.

(Note for printed version: Assurances and Certifications are Attachment #1)

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

Public Input

/2005/ Notice of the web-based availability of the draft of the FFY 2005 Maternal and Child Health Services Block Grant Application was published in the Pennsylvania Bulletin. The cover letter accompanying the draft application described the application and report process and requested comments concerning the application contents. (The Director of the Bureau of Family Health received written and oral input on the draft application from interested parties. All comments were read, considered by a committee of Bureau of Family Health staff members, and have been incorporated as appropriate into this final application.)/2005/

II. NEEDS ASSESSMENT

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

(Please see attachment)

B. AGENCY CAPACITY

Program capacity is maintained and enhanced both through programs/services conceptualized and organized within the Title V agency, as well as a group of intra-and inter-agency initiatives. The purpose is to develop and structure program initiatives at the community level. The intent is to meet community needs.

The program capacity of the Bureau of Family Health falls under two categories: A) Preventive and Primary Care Services for Pregnant Women, Infants and Children, and B) Children with Special Health Care Needs (CSHCN) program activity areas. These components are described below:

A) Preventive and Primary Care Services Capacity Building for Pregnant Women, Infants and Children:

Maternal and Child Health Outreach Program: Love ?em With a Check-up, initiated in 1993, continues to link pregnant women and their infants and children to sources of prenatal and well child care, services, information and assistance. Through the Reaching Out Interagency Outreach Campaign, expanded linkages with the Department of Public Welfare's (DPW) Medical Assistance (MA) Program, and the Children's Health Insurance Program (CHIP), have facilitated enrollment for thousands of eligible women, infants and children into MA systems of care and the State's CHIP. ***/2005/ The next step to enrolling families in health care coverage will be offering application assistance to callers of the Healthy Baby/Healthy Kids helplines utilizing COMPASS. A pilot starting in December 2003 continues to prove that callers to the Healthy Baby/Healthy Kids helpline not only are willing to give personal information to complete the application over the phone but have it available at the time of the call. Application completion has been the norm during this pilot and starting in July 2004, all callers to the Healthy Baby/Healthy Kids helplines will be given the opportunity to complete an application over the phone if they wish. /2005/ In addition, please see discussion under National Performance Measures, "The Special Kids Network, Recreation and Leisure Line, and CSD Program", and "Community Systems Development (CSD) Initiative", C. Future Plans. /2005/***

Healthy Start: Pennsylvania is fortunate to have six Federal Healthy Start Projects. Launched in 1991, Healthy Start was established to demonstrate innovative ways to reduce infant mortality in some of the areas with the highest infant mortality rates in the country.

Philadelphia and Allegheny Counties had two of the original fifteen project sites. Chester County and Chester City projects were added in the fall of 1997. During the past year, Philadelphia Healthy Start received a grant award to start a new project in north central Philadelphia. Allegheny County received funding to establish a project in Fayette County. These projects focus on improving local infant mortality rates through a variety of strategies selected by the respective projects. Along with our Title V-funded Love ?em With a Check-up Campaign and DPW's HealthChoices and Healthy Beginnings Plus Program, these Healthy Start Projects are a major component in Pennsylvania's endeavor to improve pregnancy outcomes. ***/2005/ Pennsylvania's six Federal Healthy Start Projects continued to provide services and have contributed to reductions in infant mortality in the areas they serve. In addition, the Department of Welfare's (DPW) Health Choices and Healthy Beginnings Plus programs have continued to serve pregnant women and improve outcomes within the state. The state Title V agency has provided letters of support for the Healthy Start Projects and assists DPW in reviewing all new applications for Healthy Beginnings Plus providers. /2005/***

HealthChoices: As of July 1, 1997, all Medical Assistance recipients (including children with special health care needs) who live in Philadelphia, Bucks, Chester, Delaware, and Montgomery Counties were served through HealthChoices, DPW's mandated managed care program. They were enrolled in one of the four participating mandatory managed care plans (Health Partners of Philadelphia, Keystone Mercy Health Plan, Oak Tree Health Plan and Americhoice) and were required to have their care coordinated by a primary care physician.

Implementation of HealthChoices in Southwestern Pennsylvania began on January 1, 1999, expanding mandatory managed care for MA enrollees to the second largest health care market in the Commonwealth. MA recipients in a ten-county area of Southwestern Pennsylvania are now enrolled in one of three Managed Care Organizations (MCOs): Gateway Health Plan, Three Rivers Health Plans, and Best Health Care.

The most recent HealthChoices expansion was in the Lehigh/Capital Zone, which included ten counties in the greater Harrisburg and Allentown areas. On November 17, 2000, four Managed Care Plans were selected to serve this ten county area. The four Managed Care Plans awarded contracts were: AmeriHealth Mero/Health Plan, Gateway Health Plan, HealthMate, and MedPlus. Each of these plans has been successfully operating under a HealthChoices contract in another zone. /2004/ HealthChoices expanded April 1, 2002, into the Lehigh/Capital Zone. On November 17, 2000 contracts to enroll MA recipients were awarded to AmeriHealth/Mercy Health Plan, Gateway Health Plan and MedPlus. Each of these Managed Care Plans has been operating under a HealthChoices contract in another zone. //2004//

All MA services provided under the fee-for-service program are covered under HealthChoices. As of February 5, 2001, there were approximately 853,270 recipients enrolled in MA managed care plans. Statewide Medical Assistance eligible clients for the same time period totaled 1,334,739. For Federal Fiscal Year 99-00, managed care provided for a total of 24,186 births. The State's Department of Public Welfare, the designated Medicaid agency, provides behavioral health services (drug and alcohol and mental health) through separate capitated managed care contracts in each county. /2004/ As of September 2001, statewide Medical Assistance eligible clients, including fee-for-service, totaled 1,225,426. Approximately 859,180 recipients were enrolled in MA managed care plans, 125,888 in voluntary managed care and 733,292 in mandated managed care. //2004// ***/2005/ Since 1999, the Pennsylvania Commission on Crime & Delinquency (PCCD) has supported the development of the Nurse-Family Partnership. This home-visiting program has been found to be consistently effective through a series of scientifically controlled studies over a 20 year period by Dr. David Olds and colleagues. The program consists of nurse home visitors who work with women and their families in their homes during pregnancy and through the first two years of the child's life to improve pregnancy outcomes, improve child health and development and improve families' economic self-sufficiency. In 2003, there were 22 separate locations throughout Pennsylvania . //2005//***

State Health Improvement Planning (SHIP) Process: Refer to details in State Overview.

Oral Health: Efforts to improve oral health and access to dental care are on going in several areas of the Department. First, the Bureau of Health Planning is supporting dental workforce recruitment in under-served areas. Second, the Bureau of Chronic Disease is attempting to encourage the fluoridation of more community water systems by providing small community grants and is conducting a dental health needs assessment to better determine the dental health status of Pennsylvania's children. Finally, the Department's dental consultant is working collaboratively with the Bureau of Family Health to address oral health and pregnant women.

/2003/ Oral Health: As part of its efforts to improve oral health and access to dental care, the Department conducts on-going activities in this area: First, the Bureau of Health Planning will continue to encourage communities with perceived dental access problems to apply for dental health professional shortage area designations (DHPSA). This designation makes these communities eligible for state and federal loan repayment programs, which aid recruitment of dentists to practice in these areas if they agree to see low-income patients. This designation also allows the community to be

eligible to apply for the challenge grant program administered by the Bureau of Health Planning, which awards grants for safety-net dental clinic startups or dental clinic expansions. Second, the Bureau of Chronic Diseases is preparing an oral health strategic planning document for use in the development of programs, policies and procedures to address oral health needs of the residents of Pennsylvania. This strategic plan is being formulated with the aid of a large group of stakeholders comprised of people from both inside and outside state government, including the Bureau of Family Health. The plan should be finalized in the summer of 2002. The main focus of this plan from the Department's perspective will be the assessment and oral health prevention areas. The strategic planning effort is being aided by the results of the comprehensive school oral health needs assessment conducted for the Department by the University of Pittsburgh Graduate School of Public Health from September 1998 through October 2000. The assessment was done on a population based proportional sample of school children in each Health District in grades 1, 3, 9, and 11. In general, the assessment found that untreated dental caries remain a serious problem for many children, especially those six (6) to (8) years of age living in the Northwest region of the state. The report also indicates that children from poor families have more dental caries and more untreated dental caries than children from wealthier families, and that rural and urban areas fared worse than suburban areas. Currently in Pennsylvania, 53% of the 10.5 million people on community water systems are drinking fluoridated water. The Bureau of Chronic Diseases will continue to strongly advocate for community water fluoridation through working with communities and State Health Improvement Plan (SHIP) partners to increase community water fluoridation in non-fluoridated communities. Successes in this area include the City of Allentown, which received a grant from the Department and the City of Erie, which received technical assistance. Finally, the Department is supporting the National Foundation for Dentistry for the Handicapped in setting up and running a Donated Dental Services Program. The purpose of this program is to provide one full course of dental services to indigent residents who are over the age of 60, or to indigent residents that have physical or mental disabilities. A volunteer network of dentists, laboratories, and programs provides treatment to eligible residents. The Bureau will fund dissemination of oral health promotional literature through its WIC clinics across the State.

/2004/ The Department's Bureau of Chronic Disease received a three-year oral health access grant from the Robert Wood Johnson Foundation to test innovative and comprehensive approaches designed to expand access to oral health care for the Commonwealth's low-income, minority and disabled populations served by Medicaid, CHIP, and the health-care safety net. There are three components to this effort:

- o A training component that is designed to increase the number of "expanded function dental assistants" (EFDAs) in the state to broaden the provider network and enable dentists to spend more time with patients
- o A clinical component to expand the dental safety net for Medicaid special-needs patients. In cooperation with the Department of Public Welfare, funding will purchase equipment for a special-needs dental clinic to model after the Special Smiles clinic in Philadelphia. This pilot expansion will demonstrate the feasibility to replicate this regional referral resource for special-needs patients.
- o The development of a dental recruitment and referral database to be housed in the Healthy Baby/Healthy Kids database. The Bureau of Family Health is in the process of amending its helpline contract to encompass the work of the Oral Health Initiative. ***/2005/ The contract was amended and the process of surveying all licensed dentists will begin in July 2004 with a follow-up survey to all licensed dentists in January 2006 to determine changes if any to their services. Thereafter, the dentists will be incorporated into the updating procedures for all resources in the Healthy Baby/Healthy Kids database and will be updated annually./2005/***

In 2002, the Allentown Bureau of Health and the Bethlehem Bureau of Health provided oral health services to low-income children. Allentown has continued to work to develop a dental Task Force to deal with oral health for children aged 2-18 in its service area. The efforts include developing charitable care and recruiting dentists. Bethlehem's efforts have included development of a mobile dental van program to provide care and to develop a community partnership to recruit dentists. In March 2003 the Allentown Bureau of Health and the Bethlehem Bureau of Health submitted work plans to secure continued Block Grant Support for these activities. Warren County's Warren General Hospital has a dental health clinic. In Crawford County, Titusville Area Hospital has a dental van to

serve rural, underserved areas. Clearfield County also has a dental van. Department Nurse Consultants work with dentists across the State to provide services pro bono to needy children. //2004// **/2005/ In 2003, the Allentown Bureau of Health and Bethlehem Bureau of Health continued to provide oral health services to low income children and received continuation funding for their programs. //2005//**

Project for Community Building (PCB): The Governor's State fiscal year 2001-02 budget includes funding for continuation of the eight PCB project components. This initiative emphasizes community-based and community driven strategies for community revitalization. It offers communities a broad range of new tools and resources to assist and stimulate local self-help initiatives. With the goal of reducing teen pregnancy, the Department's abstinence education program is one component of the Project for Community Building. /2003/ Currently, the Governor's State fiscal year 2002-03 budget also includes funding for continuation of the eight PCB project components. /2004/ The PCB initiative emphasizes community-based and community driven strategies for community revitalization. It offers communities a broad range of new tools and resources to assist and stimulate local self-help initiatives. With the goal of reducing teen pregnancy, the Department's abstinence education program is one component of the Project for Community Building. The Governor's State fiscal year 2002-03 budget also included funding for continuation of the eight PCB project components. //2004//. **/2005/ In F. Y. 2004, the Department of Community and Economic Development eliminated the program staff position that coordinated the activities of the Governor's Project for Community Building. //2005//**

Child Death Review (CDR): The epidemiological review of State and local child deaths is vital to understanding and interpreting causes of death in childhood and developing strategies for prevention. Accordingly, the Department, in collaboration with the Pennsylvania's Department of Public Welfare (DPW) and the Pennsylvania Chapter, American Academy of Pediatrics (PA AAP), continued the process of expanding the State's CDR process during Federal Fiscal Year (FFY) 1999. A Memorandum of Agreement (MOA) was signed between the Departments of Health and Public Welfare to facilitate ongoing, systematic multi-disciplinary review of how and why children (0 to 19 years of age) die in Pennsylvania. This MOA facilitates sharing of funds and information, and delineates the respective responsibilities of each Department. Through a contract with PA AAP and the expanded involvement of the Department's District staff, the Department is expanding statewide and local CDR activities and services. A database is being developed to facilitate the analysis of information regarding each child's death, and the training and technical assistance for local child death review teams. The Bureau of Family Health is assessing its CDR process to assess the feasibility of a maternal, fetal, and infant review. **/2005/ Staff in the Bureau's Division of Child and Adult Health Services continue to expand statewide and local CDR activities and services through a contract with the PA AAP and the use of Department of Health District staff. //2005//**

Capacity-building Activities of the Regional Maternal and Child Health (MCH) Consultants: The MCH Consultants in each Health Department District function in a consultative role with MCH providers and agencies in their Districts. They identify the priority needs of counties through existing needs assessments and MCH data, then consult with other key community leaders to address these needs. The MCH Consultants consult routinely with staff in the Department of Health District Offices and State Health Centers regarding the scope, content, and effectiveness of MCH services and also to develop and monitor the implementation of the MCH component of the District Integration Plans.

Activities conducted by the MCH Consultants include: coalition and/or task force implementation and development; coordination of local MCH services; training and technical assistance to MCH providers regarding abstinence, lead poisoning prevention, smoking cessation initiatives, child death review teams, teen pregnancy prevention, Sudden Infant Death Syndrome (SIDS) follow-up, breastfeeding initiatives, services to the day care population, and to high risk infants, children and families. The Consultants collaborate with the Department of Public Welfare to provide support to local Family Service System Reform (FSSR) and Communities That Care (CTC) Collaborative Boards across the State.

The MCH Consultants and community health nurses work collaboratively with school health nurses to respond to changing needs in the community. The Division of School Health staff oversees school health activities. In response to recent changes to immunization requirements for school entry children, school health nurses and consultants collaborate to assist families in getting their children immunized.

Consultation and Education Regarding the Health and Safety of Children in Child Care Settings: In 1996, the Early Childhood Education Linkage System (ECELS) program joined the Federal "Healthy Child Care America" (HCCA) campaign, which coordinates multiple funding sources to improve the quality of child care. The HCCA is spearheaded by the Health and Human Services (HHS) Administration for Children and Families, and promotes national goals consistent with ECELS program goals. These include: safe, healthy child care environments for all children (including those with special health needs); easily accessible, up-to-date immunizations for children in child care; access to quality health, dental, and developmental screening and comprehensive follow-up for children in child care; physical and behavioral health consultation, support, and education for all families, children, and child care providers; and health, nutrition, and safety education for children in child care, their families, and child care providers. Since 1996, the partnering agencies, Pennsylvania's Departments of Health and Public Welfare, through the ECELS Contractor (PA AAP) have worked to implement these goals under the name of Healthy Child Care, Pennsylvania (HCCP). ECELS maintains a multi-disciplinary registry of over 1,200 volunteer and public health professionals. A small staff of health professionals based at the PA AAP coordinates HCCP/ECELS efforts. ECELS facilitates access to curricula and training materials for childcare workers, provides technical assistance to resolve problems encountered through health consultation, and training on how to be a health care consultant for a child care facility. ECELS links health consultants with DPW licensing staff to facilitate technical assistance on issues important to the child care licensure process. ECELS encourages childcare centers to enroll more children with special needs. Currently, the Bureau is funding education and technical assistance to non-traditional providers of child care funding, and exploring strategies by which to provide incentives to child care providers. This funding intends to improve the access to quality childcare for children with special health care needs (CSHCN). ECELS works with the six regional offices of the Department's Special Kids Network to further serve children with special health care needs. Informational materials on seizures, diabetes, spina bifida, asthma, otitis media, hepatitis B, HIV/AIDS, tube feedings, intermittent catheterization and other topics related to the care of children with special needs have been developed and disseminated thru ECELS/SKN efforts. A training curriculum on children with asthma in childcare settings is also offered. ECELS maintains an audiovisual library that includes over 100 titles. ECELS continues to build self-learning modules for child care providers, and offers 16 self-learning topics to child care providers as a distance-learning tool. /2003/ECELS continues to build self-learning modules for child care providers, and offers 18 self-learning topics to child care providers as a distance learning tool. ECELS provided leadership in the development of a six-part video series that demonstrates how to implement the National Out-of-Home Child Care Standards. This video series and well-tested curricula is used to train health consultants and child care providers across Pennsylvania. ECELS also led the development of a new national video series on how to serve as a childcare health consultant. To further improve out-of-home childcare issues, ECELS developed an Internet locus where many of the technical assistance materials are posted. ECELS provides 24-hour access to callers via voice mail, handling about 500 calls per month including approximately 150 technical assistance calls. A variety of materials, including the audio-visual catalog, the quarterly newsletter, over fifty fact sheets, "Preparing for Illness," and the Model Child Care Health Policies are available. These efforts encourage the adoption of best health and safety practices in early childhood programs across Pennsylvania. /2005/ ***Pennsylvania's Departments of Health and Public Welfare are continuing to support the ECELS Program to improve the quality of child care in the Commonwealth by renewing its contract with the Healthy Child Care, Pennsylvania contractor, PA AAP. The renewal agreement includes an amendment for the provision of a Suspected Child Abuse and Neglect Education program (SCAN) for childcare providers, professional healthcare providers, school nurses and EMS workers. Once provided with this education, childcare providers, healthcare providers, and other early child care professionals can be more vigilant in reporting suspected child abuse or neglect to the 24 hour toll-free hotline ,ChildLine, operated by the Department of Public***

B) Children with Special Health Care Needs (CSHCN):

To maximize program capacity, the Bureau of Family Health maintains an active role in developing a statewide service system for CSHCN. The Bureau works in concert with providers and families directly impacted by services. The goals are: to promote cooperation among key community stakeholders, to ensure comprehensive, family-centered, culturally and linguistically sensitive services, to avoid duplication, and to address unmet service needs across Pennsylvania. Emphasis is placed on community-based programs and service coordination. Through its partnerships at the local level, the Bureau's capacity to serve its targeted population has been enhanced in the areas of capacity-building and community systems development. This partnership has enabled the formation of Regional Action Teams statewide, community activation through the efforts of the Department's Special Health Care Needs Consultants and Community Health Nurses, and a CSHCN consultant in the Philadelphia Department of Public Health. Consistent with the Department's State Health Improvement Plan (SHIP), the SHCP collects and analyzes data to support community-driven programs.

The Bureau continues to maintain specific initiatives at the State level that respond to unmet needs. The Maternal and Child Health (MCH) Services Block Grant supports services such as the Special Needs Medical Programs that include multi-disciplinary team clinics, the Family Consultant Program, Parent-to-Parent of Pennsylvania, and the Special Kids Network. State and other federal funds support the Chronic Respiratory Disease, Head Injury, and Chronic Renal Disease Programs. These programs expand our capacity to serve the continuing needs of other Title V populations. State funds also support services for spina bifida, adult cystic fibrosis, Cooley's anemia, hemophilia, home services for children who are ventilator dependent, outreach education on seizure disorders, Tourette's Syndrome, and folic acid consumption. /2004/ The Bureau continues to use the Maternal and Child Health (MCH) Services Block Grant to support services such as the special needs medical programs that include multi-disciplinary team clinics, the Family Consultant Program, Parent-to-Parent of Pennsylvania, and the Special Kids Network to identify and respond to unmet needs of CSHCN and their families. State funds also support the Head Injury and Chronic Renal Disease Programs. //2004// **/2005// The Bureau continues to use the Block Grant to support these programs and initiatives to respond to the unmet needs of the CSHCN population.//2005//**

The Bureau's Community Systems Development (CSD) initiative continues to evolve, taking on a higher profile in bureau-wide activities. Staff at the Special Kids Network and the Department's Special Health Care Needs Consultants have taken an active leadership role at the community level. The Consultants organize and facilitate Regional Action Teams, coordinate the community systems development activities of the Special Kids Network with local partners to the Department's State Health Improvement Plan, and assist in monitoring the Special Kids Network contractors. /2004/ To date, the CSD initiative has supported community development of over \$1.5 million in non-state funds to enhance or create services where needed. Trading on its success, CSD will be incorporated into the next Love'em with a check-up contract to expand the services available to those callers as well. //2004// **/2005/ Please see discussion under National Performance Measures, "The Special Kids Network, Recreation and Leisure Line, and CSD Program", and "Community Systems Development (CSD) Initiative", C. Future Plans.//2005//**

The Division is expanding its focus on CSHCN at the community level in other ways as well. Staff continue to meet with Pennsylvania's ten city/county health departments to assist them in including CSHCN issues in their triennial needs assessments/work plans as required by the conditions of the Maternal and Child Health (MCH) Services Block Grant. The Division plans to expand its support to Pennsylvania's local health departments that assess and prioritize the service needs of CSHCN and their families and submit work plans and objectives that focus on these needs at the local level. In October 2000, the Philadelphia Department of Health, and the Allentown and Montgomery County

Health Departments submitted CSHCN work plans to secure continued Block Grant support for these activities. ***//2005/ In 2003, the Title V staff met with representatives from nine local health departments to discuss Maternal and Child Health issues and services for CSHCN. Title V staff emphasized the need for these agencies to identify needs for families of CSHCN and to design and implement programs for these needs. In 2003, the Allentown Bureau of Health, Bethlehem Bureau of Health, Bucks County Bureau of Health, Chester County Health Department, and Montgomery County Health Department submitted applications and received continuation funding from the State Title V agency. //2005//*** //2004/ This reporting year the Bureau continues its focus on CSHCN at the community level. Staff members will resume meetings with nine of Pennsylvania's ten County/Municipal Health Departments to assist them in including CSHCN issues in their triennial needs assessment/work plans as required by the Maternal and Child Health (MCH) Services Block Grant. The Bureau supports Pennsylvania's local health departments that assess and prioritize the service needs of CSHCN and their families and submit work plans and objectives that focus on these needs at the local level. In December 2001, the Philadelphia Department of Health, Erie County Department of Health, and the Allegheny County Health Department submitted CSHCN work plans to secure continued Block Grant Support for these activities.//2004//

The Bureau continues to focus on program coordination with other programs within the Commonwealth both internally and externally. Bureau staff works regularly with the Department of Public Welfare's Office of Medical Assistance (MA); Department of Insurance, Children's Health Insurance Program (CHIP) and adultBasic Insurance; and Department of Education to assure appropriate services for CSHCN. //2004/ Ongoing discussions with the Department of Aging are probing the advisability of jointly providing information and referral services along the lifespan continuum. In addition, staff collaborate with Pennsylvania's Supplemental Security Income (SSI) Workgroup, the Folic Acid Education Outreach Project, Shriner's Hospitals for Children, and the Pennsylvania Chapter, American Academy of Pediatrics. Staff participate in interagency partnerships with Early Intervention, local and State Interagency Coordinating Councils, the Developmental Disabilities Council, the State Greenways/Recreation Planning Committee, Accessible PA, and local and State Child Death Review Teams. //2004// ***//2005/ The Bureau continues to work collaboratively with these agencies, organizations, and program to assure appropriate services for CSHCN and their families.//2005//***

The Bureau's referral process, assures applicants to Title V Programs who appear to be income or condition eligible for Medical Assistance or who appear to meet the SSI definition of disability are referred to their local county Medical Assistance Office. Staff of the Division provide guidance on how the family should apply to MA. This process resulted from improved coordination between Title V programs and Pennsylvania's MA agency. It has resulted in decreasing the number of children for whom Title V support for direct medical services is required. In Pennsylvania, CSHCN who receive SSI are eligible for Medical Assistance (MA), resulting in 39,800 SSI beneficiaries under age 16 who receive MA. Of these, only 863 are enrolled in Title V services. As we continue to work with the Office of Medical Assistance Programs to match Title V with MA recipients, we anticipate further amelioration of the duplication and fragmentation that exists between these systems.

C. ORGANIZATIONAL STRUCTURE

(Organizational charts are attachments)

(Note for printed version: Charts are Attachment #4)

The Bureau of Family Health is housed organizationally within the Department of Health in the Office of Health Promotion and Disease Prevention, formerly the Office of Public Health Programs, which also houses three other Bureaus: Communicable Diseases, Drug and Alcohol Programs, and Chronic Disease and Injury Prevention. This structure facilitates ongoing dialogue and cross program collaboration on issues impacting common populations. It further promotes resource allocation efficiencies, enhances policy/programmatic consistency and coordination, and improves communication and collaboration across the public health services offered by the Department through its central and field operations. Accordingly, the Bureau funds positions within its sister bureaus and

other support units across the Department.

The Pennsylvania Department of Health, along with its Bureau of Family Health, is headquartered in Harrisburg, Pennsylvania. The Bureau funds one MCH Consultant and one Children with Special Needs Consultant (field coordinators) in each the Department's six Community Health District Offices. These field consultants directly report to the Department's Bureau of Community Health Systems, which is the implementation arm of the Department. Program staffs from both Bureaus work closely with the Maternal and Child Health and Special Needs Consultants. At a minimum, they annually update written integration plans that delineate responsibility and define actions to accomplish annual objectives, which are linked to the national, state and community-based health status indicators and performance measures presented in this report. The Bureaus are also closely examining the role its field consultants and will engage them in an effort to improve collective efficiencies, minimize duplication and fragmentation, and improve accountability and geographic reach.

In August 1999, a database was implemented statewide to track progress towards desired goals and to improve intradepartmental and cross-program communications. The Bureau of Family Health communicates regularly with Pennsylvania's ten local Health Departments located in the State's major metropolitan areas, through regular, quarterly meetings of Pennsylvania's City/County Health Department Directors facilitated by the Bureau of Community Health Systems and through ongoing, direct communications stemming from its Title V contractual relationships.

Before July 16, 2001, the Bureau of Family Health was comprised of three Divisions: Supplemental Nutrition Programs (WIC), Maternal and Child Health (MCH), and Special Health Care Programs (SHCP). Subsequent to the same, it was reorganized to include five Divisions listed below. The new organizational structure more efficiently institutionalizes Title V goals and activities within the Department's cadre of related programs and provides a leadership and management focal point for maternal and child health emphasizing an inclusive and life-span approach to services. The Bureau reorganization broadens its attention on population-based initiatives and its move away from a categorical focus.

The Bureau's capacity is to fulfill its mission, achieve its vision, and realize its service standards. The new structure centralized common administrative, personnel, patient data, system management, and reporting functions. Concurrently it centralized the Bureaus five information and referral help lines and associated functions and its media, promotion and outreach efforts. The reorganization created programmatic, administrative, fiscal and communication efficiencies and promoted standardized, uniform Bureau processes, policies and strategies. The following describes each Division and its functionality:

Division of Program Support and Coordination (PSC): Leverages the Bureau's human, financial, administrative, technology and patient data resources and improves the Bureau's fiscal and contracting responsiveness. PSC houses a program quality assurance unit that will improve the Bureau's program analysis and integrity functions. It centralizes the Maternal and Child Health Services Block Grant preparation by establishing a position that coordinates the preparation of the Block Grant Annual Report and Application. The Block Grant assists program staff in the collection, maintenance and use of data in collection with a newly dedicated MCH epidemiologist. The Division will lead the Bureau's HIPPA implementation efforts related to multiple patient transactions and codes assuring maximum privacy of patient information. The Division also has a responsibility for a variety of other coordination activities to standardize functions, policies, and procedures and ensure consistency where applicable.

Division of Community Systems Development and Outreach (CSDO): Centralizes the Bureau's media, outreach, promotion, and five information and referral help lines services which effectively creates an in-house marketing, outreach and promotional "niche". As a first step of the centralization of these functions, a uniform communications process has been defined to standardize and streamline communications across programs, among the Office of Communications and the Department's marketing and media services contractor. This communications process entitled Putting the Pieces

Together assigns staff accountability and defines expected time frames to minimize delays and reduce inefficiencies in the use of contracted marketing, media, and advertising services. A major focus of this Division will be to engender the use of data from the Bureau's five information and referral help lines to build community systems capacity at the local level supported by private funding. The Division will see accreditation of its five lines and help line associate/specialist.

/2004/ In 2002 the uniform communications approval and review procedures have streamlined communications between program and the Department's Office of Communication. This has resulted both in the completion of quality projects in a timely fashion and full sharing of information among all "who need to know". In addition, the experience in media, outreach and promotion of the CSDO staff has freed program managers from managing promotion activities they had little or no experience with and has promoted effective communication with the Department's Office of Communication and marketing contractor. ***/2005/The Media, Outreach and Promotion Section continues to function as the technical assistance for those programs in the Bureau of Family Health with outreach components. This has assured that only those ideas and products that meet Bureau and department standards are put forth for consideration to the Department's Executive Office./2005// 2005/ SKN Information &Referral services will be centralized, instead of transpiring in regional offices, once a bidder is selected to contract with the Commonwealth of PA to managed a centralized Health and Human Services Call Center. This call center will consolidate eight helplines and 15 programs from at least four state agencies initially. /2005//***

A major focus of this Division will be to engender the use of data from the Bureau's five information and referral help lines to build community systems capacity at the local level supported by private funding. /2004/ The lines currently provide Information and Referral for: SKN, Love ?em with a Check-up, adultBasic Insurance, Recreation & Leisure, Parent to Parent, Lead Information Line, Newborn Hearing Screening, Newborn Metabolic Screening, MA, CHIP, and I Am Your Child. Next year the lines will be expanded to include PA FORE Families (see pg 142), Oral Health, and Traumatic Brain Injury. The "I Am Your Child Initiative" will be discontinued as of June 30, 2003. The Division /2004/ currently requires adherence to standards set by the Alliance of Information and Referral Systems, Inc., and requires certification through the same organization of those who respond to the public. In addition to the focus on data utility, the Division will be examining structure and partnerships in coordination with other Department programs and Commonwealth agencies. ***/2005/ SKN partnered with the Division of Newborn Disease Prevention and Identification, Bureau of Family Health to insure children with a birth defect receive services. PA FORE Families is a pilot program that can help families find the health care services needed to care for children with special health care needs. The linkage component of the pilot project began July 1, 2003 in Berks, Delaware, Lancaster, and Schuylkill counties. Its purpose is to link children, specifically those that have been identified as having a birth defect, to services earlier by using data that is already collected by state government. SKN is involved in this program because PA FORE Families calls are coming into the SKN line.***

Since July 1, 2003, DOH sent parents either a PA FORE Families rack card or letter instructing parents/caretakers to call SKN for further information. Once SKN receive calls, callers are referred to the Division of Newborn Disease Prevention and Identification, Bureau of Family Health. Other situations in which callers are referred to DOH include:

- the caller mentions PA FORE Families (received either a letter or rack card)***
- the caller would like more information about WIC***
- if a caller mentions that a child has a birth defect or had any problems at birth***
- if the SKN Information and Referral Specialist feel the caller would benefit from PA FORE Families services//2005//***

Division of Newborn Disease Prevention and Identification (NDPI): Facilitates growth in "/2004/" the highly specialized areas of state and national significance. These include genetic screening and genetic counseling services, universal newborn hearing screening and intervention services, newborn screening and follow-up, outreach, referral, education, and linkage to early intervention services to families of children born with congenital anomalies and healthcare providers.

Division of Child and Adult Health Services (CAHS): Promotes family-centered, community-based

programs fostering a lifespan, inclusive approach that ensures lifelong needs of adults with disabilities and CSHCNs are addressed via inclusive, non-segmented strategies. The Division houses three sections: Family Support, Lead Poisoning Prevention, ***//2005/ and Control Program //2005//*** and Special Conditions. The first addresses reproductive health, youth programs, including abstinence education and related services and family planning, and family support programs. ***//2005/ The Pennsylvania Department of Health is in the initial stage of developing a State Plan for Adolescents. The plan promotes multifaceted public health approaches to identify and improve the health outcomes of Pennsylvania's youth. //2005//*** The Lead Poisoning Prevention Section raises the valence of the Bureau's childhood lead poisoning prevention efforts. The Special Conditions Section addresses direct medical services to patients largely funded by state-appropriated dollars, including, but not limited to, the following programs: sickle cell disease, chronic renal disease, organ donation program, comprehensive specialty services for CSHCN, and post-acute rehabilitation head injury program.

The organization of the Division of Women Infants and Children (WIC) (Supplemental Food Program) was minimally affected by the reorganization. The Bureau will promote every opportunity to maximize linkages between WIC and its other programs in order to gain mutual internal efficiencies that may reduce duplication and reduce associated costs with a special emphasis on reducing WIC's nutrition, services and administrative costs.

D. OTHER MCH CAPACITY

Bureau of Family Health staff plans, administers, evaluates, and analyzes program activities. Other staff within the Department provide consultation and technical assistance to the Bureau and assist in the development and monitoring of services. This includes a wide range of professionals, some of whom are not directly funded by the Block Grant, and include personnel who provide assistance with fiscal, legal, statistical, computer systems, injury prevention, and health promotion issues. (See Table 1.)

The Bureau of Family Health values the input of its consumers and family members of children with special health care needs (CSHCN). The Bureau is informed through a variety of venues including SHCP staff who are parents and siblings of individuals with special health care needs. The Parent to Parent of Pennsylvania Network is supported by the Title V funds and serves a major source of input to the Division. Parent to Parent mentor-participants and several of its Advisory Board members are parents of CSHCN. The Division continually seeks innovative ways to assimilate input of family members in the design, development and implementation of its programs. ***//2004/*** With the July 16, 2001 reorganization of the Bureau of Family Health, there is no longer a Division of Special Health Care Needs. These activities are now coordinated by the Division of Child and Adult Health Services (CAHS). The Division obtains this information from families in various ways including staff of Division supported programs who are parents and siblings of individuals with special health care needs. The Parent to Parent of Pennsylvania Program is supported by Title V Block Grant funds and serves as a major source of information to the Division. Parent-to-Parent mentor-participants and several members of the program's Advisory Board are parents of CSHCN. The Division also requires employment of family members of CSHCN in other Division programs. For example, as part of the Division's Family Consultant Program, contracted tertiary children's hospitals are required to employ family members of CSHCN to provide on-site support to families of hospitalized CSHCN and to educate hospital staff to enhance the delivery of family-centered care. Employing consumers in the Special Kids Network has engendered greater sensitivity to family needs and has led to the inclusion of family members in community groups where local problems and issues are identified and discussed. The Division continually seeks innovative ways to acquire input from families of CSHCN in the design, development and implementation of its programs and initiatives promoting CSHCN as an integral part of the "children first" philosophy of its programs. ***//2004/*** During the year 2003, upon termination of SSDI Grant funding, the Bureau of Family Health replaced SSDI Grant funds with discretionary Block Grant funds in order to continue the financial support of families of CSHCN who

participate in the program planning process with the Bureau. This funding is available through the SKN Statewide Coordinating Office contract, as that office processes reimbursement to families of CSHCN for travel, lodging, meals and child care for this purpose. **//2005// The Bureau continues to use Block Grant funds to support the Parent to Parent Program of Pennsylvania and the Family Consultant Programs. These programs use parents of CSHCN as mentors and advisors to other parents of CSHCN who require information and support. The parents in these programs are also consumers of the various programs and initiatives offered by the Bureau, and continue to provide valuable input to the Bureau with the development, design, and implementation of its programs for CSHCN and families.//2005//**

/2004/ The Bureau of Family health values the input of its consumers and family members of children with special health care needs (CSHCN). The Bureau's Division of Child and Adult Health Services (CAHS) obtains family and consumer input in various ways including the use of staff who are parents and siblings of individuals with special health care needs in Division supported programs. The Division incorporates this family and consumer generated information into the provisions of its family support programs and initiatives for CSHCN and their families. The Parent to Parent of Pennsylvania Program is supported by Title V Block Grant funds and serves as a major source of input to the Division. Parent to Parent mentor-participants and several of members of the Parent to Parent Program's Advisory Board are parents of CSHCN. The Division also requires employment of family members of CSHCN in other Division programs. For example, as part of the Division's Family Consultant Program, contracted tertiary children's hospitals are required to employ family members of CSHCN to provide on-site support to families of hospitalized CSHCN and to educate hospital staff to enhance the delivery of family ?centered care. The Family Consultant Program successfully promotes a greater understanding by medical staff of the issues, problems and concerns of families of CSHCN. Employing consumers in the Special Kids Network has engendered greater sensitivity to family needs and has led to the inclusion of family members in community groups where local problems and issues are identified and discussed. The Bureau continually seeks innovative ways to assimilate input of family members in the design, development and implementation of its programs and initiatives promoting CSHCN as an integral part of the "children first" philosophy of its programs.

/2004/ An essential component of a program's capacity is its ability to relate to target populations and provide culturally competent services. There are two (2) persons of color on the Special Kids Network (SKN) staff, one administrator, the other an Information and Referral Specialist, out of a staff complement of 55 (3.6%). it is estimated people of color comprise 15% of Pennsylvania's population according to the Department's Bureau of Health Statistics and Research. It may prove beneficial to proportionally increase the number of people of color on the SKN staff to eliminate racial or ethnic disparities in health outcomes by hiring staff of similar cultural and linguistic backgrounds. The SKN, through its grant monitoring requirements, will assess this disparity annually.//2004//

TABLE 1
 SKN STAFFING LOCATION
 DOH ADMIN 4 HARRISBURG
 Statewide Coordinating Office 6 HARRISBURG
 SKN regional offices
 NW 8 ERIE
 NC 7 WILLIAMSPORT
 NE 7 WILKES-BARRE
 SW 8 GISBONIA
 SC 7 HERSHEY
 SE 8 LANCASTER
 TOTAL 55

TABLE 1

DEPARTMENTAL STAFF BY FUNDING SOURCE

DOH OFFICES BLOCK GRANT OTHER Location

Bureau of Family Health 2 1 Harrisburg

Division of C&AHS 13 9 Harrisburg

Division of CSD&O 10 0 Harrisburg

Division of NDP&I 10 2 Harrisburg

Division of PS&C 17 4 Harrisburg

Office of Legal Counsel 1 Harrisburg

Bureau of Financial Operations and Management Services 1 Harrisburg

Bureau of Chronic Diseases, Childhood Injury Program 1 Harrisburg

Bureau of Community Health Systems, Division of School Health 3 Harrisburg

Bureau of Community Health Systems, MCH and SHCN Consultants 12 Health District Offices & Harrisburg

TOTAL 70 16

(Please see attachments for better representation of charts)

(Notes for printed version: Charts are Attachment #5)

E. STATE AGENCY COORDINATION

(Please see attachment)

(Note for printed version: Attachment #6)

F. HEALTH SYSTEMS CAPACITY INDICATORS

Health System Capacity Indicators

/2004/ Indicator #1: Since 1999, the Department of Health's Bureau of Chronic Disease and Injury Prevention has been involved in the following asthma initiatives, to name a few:

? In the six Health Service Districts in the Commonwealth, the Chronic Disease Nurse Consultants offer a variety of asthma curriculums.

? Active participant in the Mid-Atlantic Regional Asthma Initiative.

? Support of the Allies Against Asthma coalition working to reduce pediatric asthma in Philadelphia, Pennsylvania.

? Development of an Asthma Work Group with identified stakeholders by the Department to coordinate asthma activities, with the intent of identifying available resources and eliminating duplication of services among other state agencies.

? Successful application to the Centers for Disease Control and Prevention (CDC) for a grant to increase capacity and to fund a Pennsylvania Asthma Control Program. The funds are for August 30, 2003 through August 31, 2004 with the potential for a total of 3 years available for funding.

Pennsylvania's Department of Public Welfare operates the State's Medical Assistance program. The Managed Care Organizations (MCOs) participating in the program all have asthma disease management programs that target individuals who have filled a prescription for an asthma medication or who have had an admission or ER visit for an asthma-related diagnosis. Disease management activities include education on triggers, medication use and follow-up care, home visits/assessments where indicated, and monitoring of medication refills. The MCOs also profile individual provider panels on medication use and ER visits for their assigned members who are diagnosed with asthma every 6 months. Information on asthma is also included in member newsletters.

Additionally, the Department of Public Welfare requires the plans to report annually on Performance Measures specific to Pennsylvania. One of our measures looks at the percentage of members with

asthma or chronic bronchitis, ages 2-20, who visited the ER to be treated for asthma or chronic bronchitis. The program average rate for all of Pennsylvania's Medical Assistance MCOs was 14.6% for the 2002 reporting year (2001 data) and decreased to 13.5% for the 2003 reporting year (2002 data).

Indicator #2: All of the Medical Assistance MCOs have a designated EPSDT Coordinator who tracks all members under the age of 21 for record of encounters in the past 6 months. Parents of members without record of encounter are contacted and offered an opportunity and assistance in scheduling an appointment. Coordinators monitor to see if the appointment was kept and conduct follow-up if it was not. Primary care providers are also provided with the names of members without record of encounters and are encouraged to do outreach. Information on the importance of well child care is included in member newsletters as well as in targeted mailings on a periodic basis.

The Department of Public Welfare also tracks and trends various Performance Measures derived from the Health Plan Employer Data and Information Set (HEDIS) and Pennsylvania performance measures that give us information about care provided to children. These cover a variety of areas, including well child visits, immunizations, and dental access.

Indicator #3: The Pennsylvania CHIP program only began collecting HEDIS data on health indicators, including this Indicator, in 2000. Because PA's CHIP program has only been collecting the data for a short period of time to serve as benchmarks, no specific efforts on the part of the program have been made to improve or maintain indicator rates. Despite this, the HEDIS data show that CHIP is experiencing equal or better rates than nationally or regionally for this measure. It is also important to remember that CHIP has a very small covered population under 6 years of age.

Indicator #4: The Bureau of Family Health funds a variety of educational programs and outreach methods designed to reach women of childbearing age. Please see detailed descriptions of our programs under the National Performance Measures section.

Regarding the Medical Assistance population, all MCOs have prenatal case management programs that focus on early identification of pregnant women and getting them into care. Case managers stratify members based on their prenatal risk assessment and outreach is conducted accordingly, but never less than once per month. Members receive an initial prenatal care package that includes education information and recommended appointment schedules. Appointment reminders are also mailed throughout the course of the pregnancy. Case managers help schedule appointments and will arrange transportation if needed. Two of the MCOs have very small pilot projects evaluating the use of telemedicine for high-risk pregnant women. All of the MCOs have partnerships with local community organizations and participate in regional prenatal projects. The Department of Public Welfare also tracks and trends various performance measures derived from HEDIS and Pennsylvania performance measures that provide additional information about prenatal care to members.

Indicator #5: The Title V program does not have the capability to break the data into Medicaid and non-Medicaid for this Health Status Capacity Indicator. The "All" figure for HSCI #05C and HSCI #05D are percent of resident live births.

Indicator #6: Please see notes for a more thorough explanation of this data and its sources.

Indicator #7: Access to dental care continues to be an area of concern for the Department of Health and the Department of Public Welfare. The Medical Assistance MCOs are working closely with the Department of Public Welfare and the provider community to increase network capacity and access and availability to dental care. The Department of Public Welfare is also partnering with the Department of Health on a dental grant that will help to fund the startup of a dental facility that is able to treat individuals with special needs. The Department of Public Welfare also tracks and trends various performance measures derived from HEDIS and Pennsylvania performance measures that give us additional information about dental care.

Indicator #8: Rehabilitation services for children who are SSI beneficiaries are typically available through the Medical Assistance program. SSI-eligible clients are advised by the Bureau's CSHCN categorical programs to apply for Medical Assistance before they are found to be eligible for the payer-of-last-resort Title V funding.//2004//

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

/2005/ The Government Performance and Results Act (GPRA ? Public Law 103-62) requires that each Federal Agency establish performance measures that can be reported as part of the budgetary process that links funding decisions with performance and related outcome measures to see if there were improved outcomes for target populations.

This section of the Block Grant Annual Report and Application includes Pennsylvania's reports on its progress on the uniform national performance measures. Pennsylvania also herein describes the MCH / CSHCN priorities determined during its last needs assessment (2000), proprietary performance measures that arose from that needs assessment, progress on those performance measures, other program activities targeted at the Title V populations, and foreseeable requests for technical assistance.

B. STATE PRIORITIES

Priority Needs

MCH Priority Needs

Pennsylvania Health Status Indicators serve as a measure of the health of the population in the Commonwealth. They pinpoint problem areas, or potential problem areas that may be endemic to other segments or the entire population. Policy makers can then devise strategies and bridge gaps to address problem areas.

Health status indicators can also be used to highlight areas where we are doing well. Assessments can be made to determine what strategies and/or systems are unique to those areas to replicate in similar areas of need.

Health status indicator trends aid us in determining where we should focus in response to changing environments. A health status indicator may show positive results for years and then suddenly take a turn for the worse. Policy makers will be able to respond more quickly when following trend data.

The priority Maternal and Child Health (MCH) needs identified through our needs assessment process are as follows:

? Eliminate racial ethnic disparities in the health status of Pennsylvania families focusing on: unplanned/teen pregnancy; infant/childhood mortality and morbidity, health care for children, adolescents and CSHCN.

? Improve oral health for Pennsylvania's children, including dental services for CSHCN. Reduce the number of lead-poisoned children by increasing the number of Medicaid enrolled children screened for lead poisoning and facilitating lead hazard reduction in Pennsylvania. Improve the quantity and quality of safe Child Care Centers through technical assistance and training for childcare givers and the provision of incentives to assure the availability of day care and respite services to CSHCN.

? Build resiliency among Pennsylvania's youth thereby reducing unintentional injuries, the incidence of youth violence, suicide and adolescent risky behaviors (Tobacco and other drugs, STDs, teen pregnancy).

Several comments on these priority needs are important. First, the elimination of disparities in health status goes beyond the first priority need. Disparities also exist, for instance, and will be addressed in the next two priority needs, oral health and childhood lead poisoning. Secondly, some of these priorities will be addressed primarily with resources other than Title V funding. This is true of reducing youth substance abuse, increasing enrollment in health care coverage, and increasing immunization rates. Thirdly, some priorities will require interagency and intra-agency attention, and whether there is a need for additional Title V funding is currently unclear. These include oral health, and childhood morbidity and mortality, e.g., asthma and obesity.

CSHCN Priority Needs

The Bureau engages in continual needs assessment activities in an attempt to discover specific CSHCN, disparity, and ethnic data that will confirm or amend our priorities. The Priority Needs, which, continue to direct Bureau Programs were established based on the five-year needs assessment; periodic, targeted needs assessments; and includes the input of stakeholders and the Maternal and Child Health Advisory Council. The Priority Needs represent problems, gaps, and weaknesses of the health care delivery system. The Priority Needs form the basis for several new initiatives including the following:

? /2005/ As part of an effort to collect information on and obtain insight into what services are currently available for children with special health care needs (CSHCN) and their families, the Pennsylvania Department of Health has utilized the Question of the Month program to query callers to The Special Kids Network. Questions of this program were modeled after project indicators from the six performance outcomes found in All Aboard the 2010 Express, a ten-year federal action plan. Questions were asked to parents/caretakers seeking services for a child with special health care needs every other month during 2003. Survey questions included Family Involvement (e.g. satisfied with the care their child receives from their pediatrician/family doctor, feel their input is used in making decisions about their child's health care or do not feel they have a voice in the decisions made at the state and local levels); Comprehensive Care (e.g. child has a primary care provider, able to obtain referrals and appointments for needed services through their child's primary care provider or child's primary care provider arranges for child well-checks for: vision, hearing, oral health, behavioral/mental health, or immunizations); Insurance Coverage (e.g. satisfied with the number of primary care providers offered through their child's insurance, child's insurance does not provide clear complaint procedures, child has insurance for: dental care, medical supplies/equipment, prescriptions, mental health, well-child checks, or specialty care); Screening (e.g. child received prenatal screening in the first or second trimester of pregnancy, child was regularly seen by a doctor and monitored prior to being diagnosed, child received follow-up care on a regular basis for: vision, hearing, oral health, developmental, or behavioral/mental health); Accessible Services (e.g. child does not have a case manager that coordinates all of their child's care needs, know of specialists within their area that can meet their child's care needs, or child's doctors/specialists are located within their community or in an area that is easily accessible from their community); Transitional Care (e.g. child does not have a service plan that includes transition from child to adult services by age 14 [education, health, etc.], child's primary doctor will not continue to treat him/her after the age of 21, adult child received these services by age 21: health insurance, transportation, personal care attendant, post-secondary education, employment, or housing). //2005//

? An expanded Newborn Screening Program and a CSHCN registry that will help form the basis for a congenital anomalies surveillance system should Pennsylvania decide to implement one. The Department's recent genetics conference, "Integrating Genetics Into Your Healthcare Practice", conducted in March 2002, contained information on the relevance of conducting surveillance of birth defects. A national profile of other states' systems was presented as models.

? The provision of education to physicians and health care professionals in the form of "medical home" training as well as additional support for families of CSHCN in the form of training for child care professionals.

? The provision of specific guidelines and requirements to specialty clinics related to care coordination. (Priority Need ? Improve care coordination for CSHCN ? both to insure adequate contact as well as effective communication between the specialist and the primary care physician.)

? Active outreach to families regarding the availability of resources such as MA and Children's Health Insurance Program (CHIP) as well as the appropriate and expeditious methods for accessing those resources.

? The addition of other qualified providers to serve CSHCN in our medical programs. (Priority Need ? Remove barriers to accessing services ? particularly related to transportation, long distances to providers, and difficulty in obtaining services because of social, ethnic, geographic and special needs

condition.)

These Priority Needs support the continuation of many of our current programs and will drive the new initiatives alluded to above and described in the Annual Plan.

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

a. Last Year's Accomplishments

Newborn Screening Program:

A.Last Year's Accomplishments: State law mandates that all infants born in Pennsylvania be screened for phenylketonuria (PKU), primary congenital hypothyroidism, sickle cell hemoglobinopathies, and maple syrup urine disease (MSUD), galactosemia, and congenital adrenal hyperplasia (CAH). Approximately 142,380 newborns are tested for all six diseases each year.

Program services include specimen collection, laboratory testing, diagnostic evaluation, treatment, and follow-up. The State Public Health Laboratory establishes standards, evaluates and approves the testing methods, which are utilized by the Department's contract laboratory. The Bureau's Newborn Screening staff consists of three Nursing Services Consultants who provide direct follow-up services for 6,000 ? 8,000 newborns with abnormal and inconclusive test results. The newborn identified with significant abnormal test results and their families are linked with treatment specialists who conduct diagnostic testing and coordinate the required care with primary care physicians. Staff plans, organizes and conducts educational programs for nursing, laboratory and medical staffs in health care facilities throughout the state. They also monitor hospital performance in newborn screening by analyzing and assessing health care facility reports, special laboratory reports of unacceptable specimens, special reports evaluating the facilities, and completion and management of specimen collection forms. **//2005/ Program staff continue to utilize MCHC, SHCNC and CHNs in the district offices and state health centers to provide PKU monitoring and follow-up services. //2005//**

Screening of newborns ensures prompt diagnosis, assessment and treatment of the conditions to prevent severe mental retardation, serious medical conditions and death. Newborn screening is one of the major public health success stories with a significant reduction in social and costs benefits. In recent years, scientific technological advancements have enabled testing of newborns for additional diseases and conditions. It is crucial that the state's commitment for newborn screening continues with a commitment for treatment and follow-up of diagnosed newborns. Pennsylvania expanded its program to include galactosemia and congenital adrenal hyperplasia in 2000. The Bureau is providing expertise from an appointed Newborn Screening Technical Advisory Committee consisting of physicians, laboratory staff, nurses, ethicist, and families with a child identified with a genetic condition to assist them in their decision-making regarding the Bureau's Newborn Screening Program.

(Continued...see attachment)

b. Current Activities

B.Current Activities: **//2004/ During 2002, a pilot project was created to authorize pharmacies to dispense PKU formula directly to the patient and families and third party insurance reimbursement is channeled into the program. //2005/Act 172 was passed 12-23-04 authorizing health care facilities to chose alternative certified labs to perform the newborn screening tests for the six diseases-PKU, MSUD, CAH, congenital**

hypothyroidism, galactosemia, and sickle cell hemoglobinopathies. Pennsylvania health care submitters are submitting the newborn screening tests to two certified laboratories for testing and the Pa DOH nursing staff are following up on the test results from both laboratories. //2005//

c. Plan for the Coming Year

C. Future Plans: /2004/ The Title V Program's Special Kids Network will serve as a single point of contact (beginning July 1, 2003) for families who wish to contact the Department in response to materials issued by the pilot program of PA FORE Families. This is a birth defects surveillance program that will be piloted in four counties by the Division of Newborn Disease Identification and Prevention Services. Working hand in hand, the SKN and PA FORE Families hope to shorten the interval between identification of a child with special healthcare needs and linkage to services. The pilot program is expected to last one year and statewide implementation will begin July 1, 2004. Please see more extensive discussion under State Performance Measure # 6.

/2005/ The Genetic Services Program is responsible for administering the PA FORE Families pilot project. The outreach and linkage component of this project began on July 1, 2003. Parents of infants born each month beginning July 1, 2003 in the four county pilot area receive a rack card from the Department. The rack card lists information about services available to care for children, including children with special needs, and provides a phone number for families who wish to contact the Department for more information regarding 9,000 providers of service for children with special health care needs. The PA FORE Families project used the secondary data sources described above to build a birth defects surveillance database. Birth record data containing notations of congenital anomalies are matched with hospital discharge and outpatient procedure records containing ICD-9 codes, potentially indicating the presence of congenital anomalies. With each successive historical quarter, data from these two secondary data sources are matched and cases identified with congenital anomalies are appended to the birth defects surveillance database. The Department uses this database to contact parents residing in the pilot area with a PA FORE Families linkage letter that provides information about the Department's many programs designed to help families raise and care for their children, including children with special needs. The letter provides instructions how to contact a Department of Health nurse consultant or a Special Kids Network telephone counselor for additional information about referrals to medical and non-medical services and direct services.

/2005/ From July 1, 2003 through September 31, 2003, the PA FORE Families informational rack cards were sent to 7,427 parents of newborns residing in the four county pilot area. In addition, 61 children residing in pilot area were identified through the PA FORE Families birth defects database and the families were sent a PA FORE Families linkage letter. The Department has received 83 responses from the above correspondence issued by the PA FORE Families pilot program.

(Continued...see attachment)

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

a. Last Year's Accomplishments

PA organized its discussion of National and State Performance Measures assuming a page limitation that applied to each Table of Contents section (i.e.; 38pp for National Performance Measures, 22 pages for State Performance Measures.). We arranged our discussion by

Performance Measure. Within Performance Measures, we discussed individual programs that further our efforts relative to that Performance Measure. Within each program, we discussed respectively "last year's accomplishments," "current activities," and "future plans."

We have found that the further breakdown in TVIS of the Table of Contents sections into subsections ("last year's accomplishments," "current activities," and "future plans.") with their own unique page limitations has presented a bit of an organizational and page-limitation challenge. While our National and State Performance Measures discussions meet the overall page limitation, we cannot fit our discussion, when reorganized by sub-section, easily into the subsection page limitations.

Therefore, where a performance measure is addressed in PA by one program only, we have posted that program in the TVIS format. Where a Performance Measure in PA is addressed by two or more programs, we have added an attachment and this explanatory note to TVIS. We apologize for any inconvenience, and will make every effort to ensure that our narrative is designed to comport more closely with TVIS in the next reporting year.

Please see attachment for details on this Performance Measure.

b. Current Activities

PA organized its discussion of National and State Performance Measures assuming a page limitation that applied to each Table of Contents section (i.e.; 38pp for National Performance Measures, 22 pages for State Performance Measures.). We arranged our discussion by Performance Measure. Within Performance Measures, we discussed individual programs that further our efforts relative to that Performance Measure. Within each program, we discussed respectively "last year's accomplishments," "current activities," and "future plans."

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Please see attachment for details on this Performance Measure.

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Please see attachment for details on this Performance Measure.

Performance Measure 03: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

a. Last Year's Accomplishments

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c. Plan for the Coming Year

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Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

a. Last Year's Accomplishments

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Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

a. Last Year's Accomplishments

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b. Current Activities

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Performance Measure 06: The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

a. Last Year's Accomplishments

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Performance Measure 07: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

a. Last Year's Accomplishments

A. Past Accomplishments: Administered by the Bureau of Communicable Diseases, but implemented collaboratively with Pennsylvania's Women, Infants and Children (WIC) Program, the Department's Immunization Program began during fiscal year (FFY) 99-00 after some children enrolled with the Pennsylvania Women, Infants and Children (WIC) Program were assessed for their immunization status. This initiative resulted in the completion of 83,161

assessments, and 35,323 of the children who were assessed were referred for immunizations. Another immunization initiative of the Department, known as Tot Trax, continued to operate statewide during this period. Tot Trax is a partnership between the Department, birthing hospitals, and volunteer groups to educate new mothers on immunizations while in the hospital. Tot Trax operated in 72 of 136 birthing hospitals in the State during this period, excluding Bucks, Erie, and Philadelphia county hospitals.

b. Current Activities

B. Current Activities: /2004/ Beginning in December 2002, WIC staff are now recording immunization records into the QuickWIC data system at each certification and recertification appointment for children 2 years and under. Also, the Department in collaboration with the Title V Program and WIC continue to build upon prior year immunization activities.

c. Plan for the Coming Year

C. Future Plans: /2004/ Continue prior year activities.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

a. Last Year's Accomplishments

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Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

a. Last Year's Accomplishments

A. Past Accomplishments: Dental health has been identified as one of the priority needs in the Title V Program's 2001 needs assessment.

b. Current Activities

B. Current Activities: /2004/ The Department has conducted an Oral Health Needs Assessment in conjunction with the University of Pittsburgh, School of Public Health.

c. Plan for the Coming Year

C. Future Plans: /2004/ The Department of Health's State Dentist will collaborate with the Title

V Program, the Division of School Health and the Bureau of Health Planning to review, discuss and prioritize the findings from the Oral Health Needs Assessment will be used to create an oral health plan. ***/2005/ The Title V program will be collaborating with the State Dentist and the Bureau of Chronic Disease (BCD) to carry out the activities of the BCD's Oral Health program under a grant from the Robert Woods Johnson foundation. This grant and its activities target increased availability of dental care to Pennsylvania's most fragile and underserved populations. For the first time a comprehensive database of dental providers will be available through the Healthy Baby/Healthy Kids help lines under the Health and Human Services Call Center contract. Information available to callers will include insurances served as well as the capabilities of each provider to serve children and adults with special health care needs. This grant program has a three-year term and includes educational incentives to increase the availability of specialty dental care for underserved populations. //2005//***

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

a. Last Year's Accomplishments

A. Past Accomplishments: During FY 00-01, the Pennsylvania SAFE KIDS Coalition provided technical assistance and training to 36 local coalitions and chapters through site visits, telephone hotline services, and three statewide meetings. Three additions of the PA SAFE KIDS newsletter were sent to 3,500 health, safety and injury prevention professionals. "Walk This Way," a resource guide on pedestrian safety, was developed and released in March 2001. The resource guide was distributed to every health and physical education teacher in both public and private elementary and middle schools in Pennsylvania. In addition, 26 mini-grants were awarded to coalitions/chapter for bicycle safety, fire safety, new prevention programs and coalition startup activities. The Pennsylvania Injury Prevention Conference was held on September 19-20, 2000, in Philadelphia. One hundred twenty-one health care professionals attended the conference, which featured sessions on animal bites, sports safety, bicycle safety, pedestrian safety, teen violence, dating violence, Risk Watch curriculum, and child passenger safety. Training on bicycle safety was conducted in November 2000, and February 2001, for participants from county and municipal health departments, Safe Kids coalitions and chapters, police departments, highway safety programs, and other community-based organizations.

Training on bicycle safety was conducted in November 2000, and February 2001 for participants from county and municipal health departments, Safe Kids coalitions and chapters, police departments, highway safety programs, and other community-based organizations.

Child safety seat checks were conducted in partnership with General Motor's dealers across the state. PA SAFE KIDS coalitions and chapters conducted 194 child safety seat checks, checked 4,325 car seats, and distributed 1,314 car seats. In addition, four National Highway Transportation Safety Administration (NHTSA) technician trainings and two refresher courses were conducted in cooperation with the Pennsylvania Traffic Injury Prevention Project, the Pennsylvania State Police, and the Pennsylvania Department of Transportation.

b. Current Activities

B. Current Activities: /2004/ During FY 01-02, SAFE KIDS translated into Spanish their "Toy Safety Guide" and "Water Safety" card, which were distributed throughout the state to the Spanish speaking population through SAFE KIDS coalition and at health fairs, meetings, and educational events.

/2004/ Twenty-six (26) mini-grants were awarded to coalitions/chapter for bicycle safety, fire

safety, new prevention programs and coalition startup activities. In addition, 25 mini-grants were awarded to coalitions/chapter for bicycle safety, fire safety, new prevention programs and coalition startup activities. Mini-grants were also awarded to 27 community organizations to organize bike safety events that focused on learning safe biking skills and wearing a properly fitted helmet.

/2004/ The Pennsylvania Injury Prevention Conference was held on October 24-25, 2002, in Harrisburg. One hundred fifteen health care professionals attended the conference, which featured sessions on bicycle safety, pedestrian safety, teen violence, dating violence, Risk Watch curriculum, and child passenger safety.

/2004/ For the third year in a row, training on bicycle safety was conducted during February 2002 for participants from county and municipal health departments, Safe Kids coalitions and chapters, police departments, highway safety programs, and other community-based organizations.

/2004/ PA SAFE KIDS coalitions and chapters conducted 267 child safety seat checks, checked 5,623 car seats and distributed 1,920 car seats. In addition, five National Highway Transportation Safety Administration (NHTSA) technician training and one refresher course were conducted in cooperation with the Pennsylvania Traffic Injury Project, the Pennsylvania State Police, and the Pennsylvania Department of Transportation.

c. Plan for the Coming Year

C. Future Plans: /2004/ Continue strengthening programs and activities begun in prior years.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

a. Last Year's Accomplishments

A. Past Accomplishments: In collaboration with the Bureau of Family Health, the Pennsylvania WIC program offers a variety of other services to help meet the nutritional needs of pregnant, breastfeeding, and post-partum women and their infants. During the pre-natal period, the WIC program: provides information on healthy eating habits during pregnancy; monitors weight gain; promotes breastfeeding; and educates on substance abuse. During the post-partum period, the WIC program: provides breastfeeding support which includes breast pump purchases; educates mothers on best infant feeding practices; monitors growth of infants; and provides information on healthy eating habits for post-partum mothers. In addition, the WIC program performs dietary assessments, monitors immunization records, offers participants an opportunity to register to vote, and provides referrals to other agencies and health services as needed. A statewide nutrition program for pregnant women, infants and children (WIC) with 379 service sites served 227,327 individuals.

b. Current Activities

B. Current Accomplishments: ***/2005/ To address the primary and preventative health care needs of pregnant women, infants and children, the Commonwealth has established an array of programs and services. These include but are not limited to a statewide nutrition program for pregnant and postpartum women, infants and children (WIC) with 365 service sites serving an average of 237,043 individuals monthly //2005// /2005/ Data for 2002 shows 63.7% of all women breastfeeding. This represents a slight increase over the prior year of 61.6%. The Healthy People 2010 target is 75%. Those continuing to breastfeed at 6 months of age appear to be increasing, with 31.7% of***

women compared with 26.4% in 2001. The lowest rates of breastfeeding are found among women less than 21 years of age and at low educational levels. Their infants are at highest risk of poor health and development. Breastfeeding promotion and support continue to receive attention within the Division of WIC. /2005/ The special grant for Using Loving Support to Build a Breastfeeding Friendly Community has proven valuable in establishing local breastfeeding coalitions, and coordinating the efforts of various stakeholders to conduct breastfeeding promotion and support. The members of these coalitions have been instrumental in reinforcing the messages that WIC has been promoting for several years. Community partnerships have been formed with hospital lactations consultants, Healthy Beginnings Plus Providers, daycare providers, physicians' offices and businesses to be more supportive of breastfeeding. In addition, the Title V agency, through a subgrant to the Allegheny County Health Department, funds a Breast Feeding Promotion Program. The provides education and a telephone hot line. Lactation consultants handled almost 5000 calls in 2003 and provided almost 900 home visits to work with pregnant and breastfeeding mothers to educate them on the benefits of breastfeeding and help them establish and continue breastfeeding. //2005//

/2004/ WIC refocused attention to early childhood obesity prevention. Obesity has been identified as one of the major public health problems in this country. Overweight and obesity acquired during childhood or adolescence may persist into adulthood and increase the risk for some chronic diseases later in life. Obese children also may experience psychological stress. According to the Centers for Disease Control, the American life style of convenience and inactivity has had a devastating toll on every segment of society, especially children. Research shows that 60% of overweight five to ten year-olds already have at least one risk factor for heart disease, including hyperlipidemia, elevated blood pressure or insulin levels.

(Continued...see attachment)

c. Plan for the Coming Year

C. Future Plans: /2004/ Continuing progress begun in October 2000, the Title V Program, in close collaboration with the Pennsylvania WIC Program, implemented a statewide goal to address the issue of obesity in children through prevention. This included the development of a survey to assess parental knowledge and attitudes on physical activity and family mealtimes, and appropriate intake of high-calorie, and low nutrient foods. In addition to the survey, education modules were developed to train clinic staff on how to provide appropriate counseling to parents of WIC children over the age of two years on the prevention of childhood obesity. The statewide goal is ongoing, and training of staff will continue through next fiscal year. Use of education modules and the survey tool continues to grow. The statewide WIC goal for the next fiscal year is to develop strategies to insure that new staff will continue to be trained on the modules, and additional tools have been developed to measure staff competency in use of the information contained in them. These tools include quiz questions to assess appropriate counseling on the module topics as well as a form that provides a qualitative measure of a nutrition education contact. In addition to the modules, staff development in counseling techniques is an area of focus within the WIC Program. Regional trainings have been conducted that address the need to focus nutrition education on facilitation of behavior change rather than the traditional health model of information dissemination. The WIC Program also is collaborating with other entities to insure that consistent messages are heard at the community level. The modules will continue to be shared with staff from Community Health Systems, as well as Penn State Cooperative Extension. WIC staffs from the State are active partners with the Pennsylvania Nutrition Education Network (PA NEN), Pennsylvania Advocates for Nutrition and Activity (PANA), and the Pennsylvania Breastfeeding Coalition. /2005 / The Allegheny County Health Department will continue to receive Title V funding for its Breast Feeding Promotion Program. //2005//

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

a. Last Year's Accomplishments

A. Past Accomplishments: In 1999, a state funding appropriation was initiated for the Department to conduct a newborn hearing demonstration project in 26 birthing facilities in the Commonwealth. This project assisted the Department in defining the guidelines and protocols required for a statewide screening and tracking system. The program ensures that every baby who fails the screening test receives timely follow-up and intervention. Added emphasis was placed on educational outreach to families and providers and efforts are being undertaken to assure that each infant diagnosed with hearing loss has a medical home.

b. Current Activities

B. Current Activities: /2004/ On November 30, 2001, former Governor Mark Schweiker signed Act 89 of 2001, the Infant Hearing Education, Assessment, Reporting and Referral (IHEARR) Act into law. The law requires the Department to administer a statewide comprehensive newborn hearing screening and follow-up program. Its objective is to identify newborns with hearing impairment as soon as possible through early screening and diagnosis, and to assure their linkage to appropriate treatment and services. The Department's 26-hospital demonstration project laid the groundwork for statewide implementation of Act 89, which began on July 1, 2002. In preparation for statewide implementation, the Department developed detailed program guidelines in close consultation with the Infant Hearing Screening Advisory Committee, which was created by the Act. The six-member committee is made up of two physicians, two audiologists, and two advocates—one representing the deaf community, and the other representing the hard-of-hearing community.

/2004/ Sixty-eight additional hospitals were funded for program startup during State FY 2001-02, increasing the total number of hospitals funded to 94 of the 131 birthing hospitals currently in existence. Based on 2001 birthing figures, these 94 facilities provided birthing services for approximately 68% of the state's live births. DOH is funding 16 additional hospitals for program startup during the current 2002-03 State FY. These 16 institutions provide birthing services to approximately half of all infants born at hospitals not already funded for program startup.

/2005/ Sixteen additional hospitals were funded for program costs during State FY 2002-03, increasing the total number of hospital funded to 110 of the 127 birthing hospitals currently in existence. DOH is funding five additional hospitals for program startup during the current State FY 2003-04. The 115 hospitals that will have been funded by the end of State FY 2003-04 account for 90% of all births annually in the Commonwealth. In addition to traditional birthing hospitals, DOH extended efforts to provide screening for infants born outside of hospital settings. DOH staff identified the top ten local/regional concentrations of out-of-hospital births in the state and initiated procurement action to purchase portable screening units to be used for the screening of infants born outside of traditional hospital settings. By the end of September 2003, a regional equipment loan network had been established in the Lancaster area for this purpose. Four additional units were on order for the establishment of similar loan networks in other areas of the Commonwealth during State Fiscal Year 2003-04. //2005//

c. Plan for the Coming Year

C. Future Plans: /2004/ The Bureau of Family Health is undertaking the development of a web-based data tracking and follow-up system. Once development and implementation are complete, the system will enable the Department to determine if every baby screened for hearing loss has received timely follow-up and intervention. Midway through its first year, the

new program was already on-track to meet or exceed the Act 89 requirement for screening no fewer than 85% of live births in the Commonwealth by July 1, 2003. ***//2005/The DOH is strengthening the network of providers to help ensure appropriate interventions are made for infants with hearing loss. Outreach and Educational efforts are now targeting pediatricians, family physicians and pediatric audiologists in addition to the implemented training workshops provided for nurses, aids, and social workers. DOH will launch an innovative, three-year e education and outreach effort targeting physicians, following the Educating Physicians In their Communities (EPIC) model, established by the Pennsylvania Chapter of the American Academy of Pediatrics, which will be the project contractor. The project will deliver 26 presentations per year over the three-year contract, plus technical assistance visits to hospitals, physicians' offices and audiology clinics, to provide specialized expertise. //2005//***

Performance Measure 13: *Percent of children without health insurance.*

a. Last Year's Accomplishments

1. Comprehensive Specialty Care Programs of the Bureau of Family Health (refer to above discussion under Performance measure 3)
2. Reaching Out Partnership (refer to above discussion under Performance measure 4)
3. Special Kids Network / Healthy Baby/Healthy Kids Hotlines (refer to above discussion under Performance measure 4)
4. Love ?Em With a Checkup Program (refer to above discussion under Performance measure 4)

b. Current Activities

1. Comprehensive Specialty Care Programs of the Bureau of Family Health (refer to above discussion under Performance measure 3)
2. Reaching Out Partnership (refer to above discussion under Performance measure 4)
3. Special Kids Network / Healthy Baby/Healthy Kids Hotlines (refer to above discussion under Performance measure 4)
4. Love ?Em With a Checkup Program (refer to above discussion under Performance measure 4)

c. Plan for the Coming Year

1. Comprehensive Specialty Care Programs of the Bureau of Family Health (refer to above discussion under Performance measure 3)
2. Reaching Out Partnership (refer to above discussion under Performance measure 4)
3. Special Kids Network / Healthy Baby/Healthy Kids Hotlines (refer to above discussion under Performance measure 4)
4. Love ?Em With a Checkup Program (refer to above discussion under Performance measure 4)

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

a. Last Year's Accomplishments

1. Comprehensive Specialty Care Programs of the Bureau of Family Health (refer to above discussion under Performance measure 3)
2. Reaching Out Partnership (refer to above discussion under Performance measure 4)

3. Special Kids Network / Healthy Baby/Healthy Kids Hotlines (refer to above discussion under Performance measure 4)

b. Current Activities

1. Comprehensive Specialty Care Programs of the Bureau of Family Health (refer to above discussion under Performance measure 3)

2. Reaching Out Partnership (refer to above discussion under Performance measure 4)

3. Special Kids Network / Healthy Baby/Healthy Kids Hotlines (refer to above discussion under Performance measure 4)

c. Plan for the Coming Year

1. Comprehensive Specialty Care Programs of the Bureau of Family Health (refer to above discussion under Performance measure 3)

2. Reaching Out Partnership (refer to above discussion under Performance measure 4)

3. Special Kids Network / Healthy Baby/Healthy Kids Hotlines (refer to above discussion under Performance measure 4)

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

a. Last Year's Accomplishments

//2005/ NOTE: A key function at each of the nine count-municipal health departments that receive Title V funding is to determine if children presenting for service have health insurance. If they have no coverage they are referred to state programs. This activity has been ongoing and will continue. //2005//

PA organized its discussion of National and State Performance Measures assuming a page limitation that applied to each Table of Contents section (i.e.; 38pp for National Performance Measures, 22 pages for State Performance Measures.). We arranged our discussion by Performance Measure. Within Performance Measures, we discussed individual programs that further our efforts relative to that Performance Measure. Within each program, we discussed respectively "last year's accomplishments," "current activities," and "future plans."

We have found that the further breakdown in TVIS of the Table of Contents sections into subsections ("last year's accomplishments," "current activities," and "future plans.") with their own unique page limitations has presented a bit of an organizational and page-limitation challenge. While our National and State Performance Measures discussions meet the overall page limitation, we cannot fit our discussion, when reorganized by sub-section, easily into the subsection page limitations.

Therefore, where a performance measure is addressed in PA by one program only, we have posted that program in the TVIS format. Where a Performance Measure in PA is addressed by two or more programs, we have added an attachment and this explanatory note to TVIS. We apologize for any inconvenience, and will make every effort to ensure that our narrative is designed to comport more closely with TVIS in the next reporting year.

Please see attachment for details on this Performance Measure.

b. Current Activities

PA organized its discussion of National and State Performance Measures assuming a page limitation that applied to each Table of Contents section (i.e.; 38pp for National Performance

Measures, 22 pages for State Performance Measures.). We arranged our discussion by Performance Measure. Within Performance Measures, we discussed individual programs that further our efforts relative to that Performance Measure. Within each program, we discussed respectively "last year's accomplishments," "current activities," and "future plans."

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Please see attachment for details on this Performance Measure.

c. Plan for the Coming Year

PA organized its discussion of National and State Performance Measures assuming a page limitation that applied to each Table of Contents section (i.e.; 38pp for National Performance Measures, 22 pages for State Performance Measures.). We arranged our discussion by Performance Measure. Within Performance Measures, we discussed individual programs that further our efforts relative to that Performance Measure. Within each program, we discussed respectively "last year's accomplishments," "current activities," and "future plans."

We have found that the further breakdown in TVIS of the Table of Contents sections into subsections ("last year's accomplishments," "current activities," and "future plans.") with their own unique page limitations has presented a bit of an organizational and page-limitation challenge. While our National and State Performance Measures discussions meet the overall page limitation, we cannot fit our discussion, when reorganized by sub-section, easily into the subsection page limitations.

Therefore, where a performance measure is addressed in PA by one program only, we have posted that program in the TVIS format. Where a Performance Measure in PA is addressed by two or more programs, we have added an attachment and this explanatory note to TVIS. We apologize for any inconvenience, and will make every effort to ensure that our narrative is designed to comport more closely with TVIS in the next reporting year.

Please see attachment for details on this Performance Measure.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

a. Last Year's Accomplishments

1. Department of Health, Bureau of Chronic Diseases and Injury Prevention, Childhood Injury Prevention and Safe Kids Program (Title V funded) (also refer to above discussion under Performance measure 10)

b. Current Activities

1. Department of Health, Bureau of Chronic Diseases and Injury Prevention, Childhood Injury Prevention and Safe Kids Program (Title V funded) (also refer to above discussion under Performance measure 10)

c. Plan for the Coming Year

1. Department of Health, Bureau of Chronic Diseases and Injury Prevention, Childhood Injury Prevention and Safe Kids Program (Title V funded) (also refer to above discussion under Performance measure 10)

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

a. Last Year's Accomplishments

1. Pennsylvania Perinatal Partnership Collaborative (Healthy Start and Title V) (refer to above discussion under Performance measure 15)
2. County-Municipal Health Department Education Programs (refer to above discussion under Performance measure 15)
3. Family Nurse Consultant Program (refer to above discussion under Performance measure 5)
4. PCCD Nurse Family Partnerships (Title V provides technical assistance) (also refer to above discussion under Performance measure 15)

b. Current Activities

1. Pennsylvania Perinatal Partnership Collaborative (Healthy Start and Title V) (refer to above discussion under Performance measure 15)
2. County-Municipal Health Department Education Programs (refer to above discussion under Performance measure 15)
3. Family Nurse Consultant Program (refer to above discussion under Performance measure 5)
4. PCCD Nurse Family Partnerships (Title V provides technical assistance) (also refer to above discussion under Performance measure 15)

c. Plan for the Coming Year

1. Pennsylvania Perinatal Partnership Collaborative (Healthy Start and Title V) (refer to above discussion under Performance measure 15)
2. County-Municipal Health Department Education Programs (refer to above discussion under Performance measure 15)
3. Family Nurse Consultant Program (refer to above discussion under Performance measure 5)
4. PCCD Nurse Family Partnerships (Title V provides technical assistance) (also refer to above discussion under Performance measure 15)

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

a. Last Year's Accomplishments

1. Pennsylvania Perinatal Partnership Collaborative (Healthy Start and Title V) (refer to above discussion under Performance measure 15)
2. County-Municipal Health Department Education Programs (refer to above discussion under

Performance measure 15)

3. Family Nurse Consultant Program. (refer to above discussion under Performance measure 5)

4. PCCD Nurse Family Partnerships (Title V provides technical assistance) (also refer to above discussion under Performance measure 15)

5. Healthy Babies/Healthy Kids Hotline (refer to above discussion under Performance measure 4)

b. Current Activities

1. Pennsylvania Perinatal Partnership Collaborative (Healthy Start and Title V) (refer to above discussion under Performance measure 15)

2. County-Municipal Health Department Education Programs (refer to above discussion under Performance measure 15)

3. Family Nurse Consultant Program. (refer to above discussion under Performance measure 5)

4. PCCD Nurse Family Partnerships (Title V provides technical assistance) (also refer to above discussion under Performance measure 15)

5. Healthy Babies/Healthy Kids Hotline (refer to above discussion under Performance measure 4)

c. Plan for the Coming Year

1. Pennsylvania Perinatal Partnership Collaborative (Healthy Start and Title V) (refer to above discussion under Performance measure 15)

2. County-Municipal Health Department Education Programs (refer to above discussion under Performance measure 15)

3. Family Nurse Consultant Program. (refer to above discussion under Performance measure 5)

4. PCCD Nurse Family Partnerships (Title V provides technical assistance) (also refer to above discussion under Performance measure 15)

5. Healthy Babies/Healthy Kids Hotline (refer to above discussion under Performance measure 4)

FIGURE 4A, NATIONAL PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

General Instructions/Notes:

List major activities for your performance measures and identify the level of service for these activities. Activity descriptions have a limit of 100 characters.

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.				
1. Specimen Collection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Laboratory Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Diagnostic Evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow-up	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)				
1. Parent to Parent of Pennsylvania	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PA Family Consultant Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Family Health Advisory Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. PA Recreation and Leisure Line for Individuals with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Special Kids Network / Community Systems Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Sudden Infant Death Syndrome Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Medical Home-Integrated Care Coordination Initiative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Special Health Care Needs Consultants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)				
1. Medical Home Integrated Care Coordination Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Comprehensive Specialty Care Programs of the Bureau of Family Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Early Childhood Education Linkage System (ECELS)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Pyramid Level of Service			
	DHC	ES	PBS	IB

NATIONAL PERFORMANCE MEASURE	DHC	ES	PBS	IB
4) The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)				
1. Comprehensive Specialty Care Programs of the Bureau of Family Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Special Kids Network / Healthy Babies / Healthy Kids Hotlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Reaching Out Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Love 'Em With a Checkup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Medical Home Integrated Care Coordination Initiative(refer to above discussion under National Performance Measure #2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)				
1. Medical Home Initiative(refer to above discussion under Performance measure 2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Special Kids Network / Healthy Babies/Healthy Kids Hotlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Maternal and Child Health Services via Local Health Departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Family Health Nurse Consultant Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Family Consultant Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Parent to Parent of Pennsylvania	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Special Healthcare Programs in the Philadelphia Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Building Inclusive Communities Mini-Grant Initiative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Cooperative Efforts and Technical Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Pennsylvania Recreation and Leisure Line for Individuals with Disabilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)				
1. Medical Home Integrated Care Coordination Initiative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Special Kids Network / Community Systems Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Family Health Nurse Consultant Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Individuals with Disabilities Education Act (IDEA) Governmental Interagency Memorandum of Understand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.				
1. Immunization and the Department of Health's "Tot Trax" Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.				
1. Abstinence Education and Related Services (Funded via Title V Section 510 funds)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pennsylvania's Family Planning Service System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.				
1. Department of Health, Bureau of Chronic Diseases and Injury Prevention, Oral Health Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.				
1. Department of Health, Bureau of Chronic Disease and Injury Prevention, Childhood Injury Prevention and Safe Kids Program (Title V funded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
11) Percentage of mothers who breastfeed their infants at hospital discharge.				
1. Department of Health, Bureau of Family Health, Women, Infants, and Children Program (WIC)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
12) Percentage of newborns who have been screened for hearing before hospital discharge.				
1. Newborn Hearing Screening and Intervention Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
13) Percent of children without health insurance.				
1. Comprehensive Specialty Care Programs of the Bureau of Family Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reaching Out Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Special Kids Network / Healthy Babies/Healthy Kids Hotline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Love 'Em With a Checkup Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.				
1. Comprehensive Specialty Care Programs of the Bureau of Family Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Reaching Out Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Special Kids Network / Healthy Babies/Healthy Kids Hotlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
15) The percent of very low birth weight infants among all live births.				
1. Family Planning Services System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. County-Municipal Health Department Education Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Pennsylvania Perinatal Partnership Collaborative (Healthy Start and Title V)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Smoking Cessation Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Family Nurse Consultant Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. PCCD Nurse Family Partnerships (Title V provides technical assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.				
1. Department of Health, Bureau of Chronic Disease and Injury Prevention, Childhood Injury Prevention a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NATIONAL PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.					
1. Pennsylvania Perinatal Partnership Collaborative (Healthy Start and Title V)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. County-Municipal Health Department Education Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Family Nurse Consultant Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. PCCD Nurse Family Partnerships (Title V provides technical assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NATIONAL PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.					
1. Pennsylvania Perinatal Partnership Collaborative (Healthy Start and Title V)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. County-Municipal Health Department Education Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Family Nurse Consultant Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. PCCD Nurse Family Partnerships (Title V provides technical assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Healthy Babies/Healthy Kids Hotline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *Percent of sexually active teens (ages 15-17) who use Family Planning Services systems.*

a. Last Year's Accomplishments

Why Measure was chosen by PA: By monitoring the percentage of teens served by the FPS system, the program staff will gauge the impact of funding and service system changes on the family planning population. If noticeable decreases occur, appropriate action will be taken to

bolster any decreases in patient levels by working with the Department of Public Welfare to facilitate contract and reimbursement efficiencies, encourage outreach activities in targeted high-risk communities, and support other funding efforts by the regional Councils. /2004/ Please see National Performance Measure 14, supra, for a thorough discussion of the Family Planning Program.//2004//

b. Current Activities

No more narrative available here.

c. Plan for the Coming Year

No more narrative available here.

State Performance Measure 2: *Percent of Medicaid children (ages 1-2) who have received a blood lead screening test.*

a. Last Year's Accomplishments

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We have found that the further breakdown in TVIS of the Table of Contents sections into subsections ("last year's accomplishments," "current activities," and "future plans.") with their own unique page limitations has presented a bit of an organizational and page-limitation challenge. While our National and State Performance Measures discussions meet the overall page limitation, we cannot fit our discussion, when reorganized by sub-section, easily into the subsection page limitations.

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Please see attachment for details on this Performance Measure.

b. Current Activities

PA organized its discussion of National and State Performance Measures assuming a page limitation that applied to each Table of Contents section (i.e.; 38pp for National Performance Measures, 22 pages for State Performance Measures.). We arranged our discussion by Performance Measure. Within Performance Measures, we discussed individual programs that further our efforts relative to that Performance Measure. Within each program, we discussed respectively "last year's accomplishments," "current activities," and "future plans."

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the overall page limitation, we cannot fit our discussion, when reorganized by sub-section, easily into the subsection page limitations.

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Please see attachment for details on this Performance Measure.

c. Plan for the Coming Year

PA organized its discussion of National and State Performance Measures assuming a page limitation that applied to each Table of Contents section (i.e.; 38pp for National Performance Measures, 22 pages for State Performance Measures.). We arranged our discussion by Performance Measure. Within Performance Measures, we discussed individual programs that further our efforts relative to that Performance Measure. Within each program, we discussed respectively "last year's accomplishments," "current activities," and "future plans."

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Please see attachment for details on this Performance Measure.

State Performance Measure 3: *Rate of deaths among children (ages 0-14) that are a result of unintentional injuries.*

a. Last Year's Accomplishments

Why measure was chosen by PA: Injuries are the leading cause of death among persons aged 1 through 34 years and a significant health problem affecting the nation's children. About 50 percent of all deaths of children aged 1-14 years are due to injuries, and around 80 percent of these are from the motor vehicle crashes. The SAFE KIDS Coalition, partially funded by Title V monies, provides technical assistance and training to local coalitions/chapters regarding safety and injury prevention for children.

/2004/ More details about SAFE KIDS are provided under National Performance Measure 10, supra. The Shaken Baby Prevention and Education Program began this year in response to legislation passed in late 2003 (Act 176 of 2003). The program is designed to provide new parents information about Shaken Baby Syndrome (SBS) immediately upon the birth of their child. The legislation mandates that hospitals give new parents educational material and offer the parents a "commitment form" to sign indicating that the parents have read and understand the materials. The Bureau of Family Health, where the program is housed, developed the

preliminary educational material and commitment form in early 2003 using Block Grant funds. The Bureau plans to expand the program to meet the further mandates of the legislation in the coming fiscal year. These mandates include working to improve capacity of community-based services for SBS victims, collaborating with other organizations to maximize resources, and the identification and replication of related materials and services. //2004// ***/2005/ The Bureau continues to strengthen the SBS program through education and outreach. County/municipal health staff, as well as Maternal and Child Health Consultants and Special Healthcare Needs Consultants in all 6 health districts provide education in their communities on SBS law, injuries and prevention.//2005//***

/2005/ Child Death Review.

See State Performance Measure # 5. There are sub-committees in Child Death Review that deal with prevention of childhood injuries. The 3 sub-committees are Sudden Unexplained Infant Deaths, Farm Safety Prevention, and Vehicle Safety. Sub-committees provide education and prevention programs that specifically address childhood injury. Representatives from the SAFE KIDS Program now participate in the annual State Child Death Review team meetings, which provides coordination and collaboration in childhood injury prevention activities between these two programs. //2005//

b. Current Activities

No more narrative available for this performance measure.

c. Plan for the Coming Year

No more narrative available for this performance measure.

State Performance Measure 4: *State Performance Measure #4 is no longer reported.*
Measure #11: *Percent of increase in families of CSHCN awareness of services provided by Title V for CSHCN.*

a. Last Year's Accomplishments

Reason measure chosen by PA: The 1999 Survey of Children with Special Health Care Needs revealed that 48% of respondents were aware of Department of Health's Division of Special Health Care Programs. Also, 47% of the respondents cited not knowing what services are available as the number one barrier to obtaining services.

The aforementioned Survey was conducted during the Department of Health's State Farm Show (January 6 to January 11, 2001). Over 200,000 people attend the Farm Show each year. Families in the survey were asked to respond to whether they were aware that Department of Health has programs for individuals with special health care needs. Unlike the method used to determine this measure last year, respondents of the Farm Show survey were members of the general public that visited the Department's information booth. In the last Block Grant Application, the Department used clients from its own CORE database as respondents in a survey to determine program awareness. The Department suspects the use of a more impartial population accounts for the lower awareness rate in this year's Block Grant. /2004/ The Farm Show Survey has not been repeated. We have changed the measure this year to rely upon a more consistent, duplicable and, we believe, statistically sound reporting source (see Forms 11 and 16). The numerator is the number of first-time callers to our Special Kids Network. The denominator is the total number of calls to the Special Kids Network. The data is for the calendar year 2002.

Special Kids Network / Community Systems Development: For information, see discussion under National Performance Measure #2, supra.

Healthy Babies/Healthy Kids Hotline: For information, see discussion under National Performance Measure #4, supra.

Reaching Out Partnership: For information, see discussion under National Performance Measure #4, supra.

Parent-to-Parent of Pennsylvania: For information, see discussion under National Performance Measure # 2, supra.

PA Family Consultant Program: For information, see discussion under National Performance Measure #2, supra.

Medical Home Integrated Care Coordination Initiative: For information, see discussion under National Performance Measure # 3, supra.

Early Childhood Education Linkage System (ECELS): For information, see discussion under National Performance Measure #3, supra.

Comprehensive Specialty Care Programs of the Bureau of Family Health: For information, see discussion under National Performance Measure #3, supra.

Maternal Child Health Services via local health departments: For information, see discussion under National Performance Measure #5, supra.

Family Health Nurse Consultant Program: For information, see discussion under National Performance Measure #2, supra.

b. Current Activities

No more narrative available.

Please see attachment for details on Performance Measure #11.

c. Plan for the Coming Year

No more narrative available.

Please see attachment for details on Performance Measure #11.

State Performance Measure 5: *Percent of Child Deaths (age 0-19) reviewed by a local Child Death Review Team.*

a. Last Year's Accomplishments

Reason measure chosen by PA: The identification of preventable deaths through child death review assists the development of prevention strategies, including improved systems intervention at both the local and state levels. State and local child death review teams were developed to identify causes of childhood deaths and develop strategies to protect the safety and well being of children.

A. Past Accomplishments: To identify the causes of childhood deaths and develop strategies

to protect the safety and well being of children, the Department continues its collaborative efforts with PA AAP and the DPW to expand the child death review team (CDRT) efforts in Pennsylvania. State and local child death review teams review deaths, investigate risk factors that lead to the death, and recommend policies and educational programs that can prevent future child deaths. By identifying risk factors, we can design the most appropriate prevention strategies for intervention at the state and local levels.

b. Current Activities

B. Current Activities: The multi-disciplinary State CDRT provides training and technical assistance for local team development, software to facilitate data transfer and aggregate data collection, monitoring of the outcomes of local CDRTs, proposals for necessary law(s) and regulatory or policy changes through appropriate state entities, and continued advocacy for the accurate and timely investigation, reporting, and recording of child deaths. A calendar year child death summary report addresses trends and patterns of child death, the status of preventable child deaths in Pennsylvania and recommendation for the most effective prevention strategies to reduce the number and causes of preventable child deaths in Pennsylvania. Since its inception, 43 local teams representing 46 counties have been established and they have retrospectively reviewed 100% of annual child deaths in Pennsylvania.). /2004/ Since its inception, 49 local teams representing 53 counties have been established and 92% of annual deaths in Pennsylvania have been reviewed. Because 14 counties in the state do not have child death review teams, deaths of residents of those counties are unable to be reviewed. **/2005/ Child Death Review continues to grow across the state. There are currently 51 local teams representing 56 counties. //2005//**

c. Plan for the Coming Year

C. Future Plans: In collaboration with the DPW and the PA AAP, the Bureau will expand child death review in Pennsylvania by increasing the number of local child death review (CDR) teams. Activities will include: training and technical assistance for local team development; monitoring of outcome of local CDR teams; publication of an annual summary report; proposals for necessary law, regulatory, or policy changes through appropriate state entities; and prevention efforts at the state and local levels regarding preventable child deaths in Pennsylvania. To date, CDR has been a highly successful initiative in terms of its growth and it's ability to provide a communication mechanism for agencies working with Children and Families. Efforts are in place to support the local teams via administrative and prevention mini grants, identify technical assistance needs at the local level and to expand the number of local teams to ensure the continued success of this initiative. /2004/ The Bureau will continue its involvement with the CDRT efforts in the coming fiscal year.

State Performance Measure 6: *Improvement in the Bureau of Family Health participation in prevention initiatives that impact the condition and complications affecting CSHCN.*

a. Last Year's Accomplishments

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Please see attachment for details on this Performance Measure.

b. Current Activities

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Please see attachment for details on this Performance Measure.

c. Plan for the Coming Year

PA organized its discussion of National and State Performance Measures assuming a page limitation that applied to each Table of Contents section (i.e.; 38pp for National Performance Measures, 22 pages for State Performance Measures.). We arranged our discussion by Performance Measure. Within Performance Measures, we discussed individual programs that further our efforts relative to that Performance Measure. Within each program, we discussed respectively "last year's accomplishments," "current activities," and "future plans."

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two or more programs, we have added an attachment and this explanatory note to TVIS. We apologize for any inconvenience, and will make every effort to ensure that our narrative is designed to comport more closely with TVIS in the next reporting year.

Please see attachment for details on this Performance Measure.

*State Performance Measure 7: State Performance Measure #7 is no longer reported.
Measure #12: Percent of children with Special Health Care Needs who report receiving specialty care.*

a. Last Year's Accomplishments

Reason measure chosen by PA: It is necessary to assure that children with special health care needs, including those in managed care programs, have access to a broad range of specialty services. CSHCN are particularly vulnerable in the managed care environment, as chronic and disabling conditions are not necessarily amendable to prevention and these children often require specialty treatment as part of their routine care. Given the complex and diverse needs of chronically ill and disabled children, access to specialty care of appropriate breadth and depth represents one of the critical features of CSHCN healthcare.

The Bureau for the second time utilized a Question of the Month survey conducted in conjunction with the Special Kids Network (SKN) in order to determine the percent of children with special health care needs who report receiving specialty care. Survey respondents were family of CSHCN who called the SKN during a specified month. State performance measure 12 signifies those families who responded that their child saw a specialist in relation to the total number of respondents in that survey. This method of calculating state performance measure 12 is a slight departure from the method used in last year's block grant in that a phone survey of families of CSHCN was used instead of a mail survey. /2004/ This question has not yet been asked via the SKN question of the month program during this reporting period, so we are unable to report on the measure at this time. A discussion of the SKN question of the month program follows:

The Special Kids Network (SKN) is a statewide help line targeted to families of children with special health care needs (CSHCN). As part of an effort to collect information on this population and also obtain insight into what services are currently available for CSHCN and their families, the Department has initiated a Question of the Month (Q of M) program through the SKN to query callers. The Department has collected responses to questions and utilizes the results in order to review outcomes and determine the overall effectiveness of the program. This collection of data is necessary for several purposes: 1) for identifying children with special health care needs; 2) for reporting outcome results; and 3) for guiding state efforts to ensure a comprehensive, coordinated system of care for CSHCN.

The Department administers the Q of M program in conjunction with each of the six regional offices of the SKN and the SKN Statewide Coordinating Office. During the calendar year 2003, questions are modeled after project indicators from the six performance outcomes found in All Aboard the 2010 Express, a ten-year federal action plan. Through the Q of M program, the Department hopes to monitor progress towards the achievement of the intended CSHCN outcomes described in 2010 Express. Thus far SKN has queried callers on three CSHCN performance outcomes.

(Continued...please see attachment)

b. Current Activities

No more narrative available.

Please see attachment for details on Performance Measure #12.

c. Plan for the Coming Year

No more narrative available.

Please see attachment for details on Performance Measure #12.

State Performance Measure 8: *State Performance Measure #8 is no longer reported.*
Measure #13: *Percent of School-age children (6-19) who are overweight or obese.*

a. Last Year's Accomplishments

Reason measure chosen by PA: Obesity has been identified as one of the major public health problems in this country. Overweight and obesity acquired during childhood or adolescence may persist into adulthood and increase the risk for some chronic diseases in later life. Obese children also may experience psychological stress. /2004/ The Bureau has never had the capacity to report on this performance measure. We expect, however, to have this capacity by the next reporting period because the Department of Health, Bureau of Community Health Systems, School Health Division is revising its school health reports to include information from which we will be able to calculate Body Mass Index. . /2005/ ***Nationally, 15.3 % of children aged 6-11 years and 15.5 % of adolescents aged 12-19 years were considered overweight in 1999-2000 (National Health and Nutrition Examination Survey). In 2002, the Department of Health conducted an assessment of overweight youth in Pennsylvania. A review of 25,000 student health records of eight graders indicated that 18 % were overweight and another 17 % were at risk of being overweight. A pilot project completed this school year of the growth manual's screening procedures in 10 schools yielded similar results of 21 % and 17 % respectively. Current school health laws and regulations require that a school nurse or teacher conduct height and weight measurements of students annually and that every effort be made to determine the pattern of growth for each child. The Growth Screening Program has been revised to incorporate Body Mass Index (BMI) and BMI percentiles for students. This will be effective beginning in school year 2005-2006. In school year 2004-2005, the Division of School Health will disseminate information, and educate parents, communities and schools. The mandated program will be implemented several grades at a time, starting with Kindergarten, Grades 1, 2, and 3 in the first year. Three to four grades will be added each year until the program includes all grade levels, Kindergarten through 12th grade. Reporting will be required as mandatory screening is implemented. Many schools in Pennsylvania are voluntarily starting the Program in school year 2004-2005 and are being requested to report their findings. //2005//***

b. Current Activities

No more narrative available.

Please see attachment for details on Performance Measure #13.

c. Plan for the Coming Year

No more narrative available.

Please see attachment for details on Performance Measure #13.

State Performance Measure 9: *Percent of children in regulated center-based childcare who are getting vision screening.*

a. Last Year's Accomplishments

Reason measure chosen by PA: Vision problems begin well before children reach school age and early recognition of disease results in more effective treatment that can be sight saving or even life saving. Therefore, every effort must be made to ensure that all children, including those in pre-school, receive an age appropriate vision screening exam from their health care provider. ECELSTRAK is a software program that analyzes a 10 percent stratified sample of child health records for children served in regulated center-based childcare. This analysis identifies whether the documented services on the sampled records show that the children are up to date with the recommendations of the American Academy of Pediatrics for age appropriate health assessments. Since the ECELSTRAK system generates compliance summary reports, we will be able to identify rates of non-compliance or reduction in the compliance rate for vision screening efforts. Based on these findings, we will have information that show gaps in the delivery of age appropriate screening services so we are able to provide needed technical assistance to ensure that all children have access to, are referred for and receive required preventive health services.

ECELSTRAK software: For information, see the discussion of the ECELS program under National Performance Measure #3, *supra*.

b. Current Activities

No more narrative available.

c. Plan for the Coming Year

No more narrative available.

State Performance Measure 10: *The number of visits to specialty clinics where coordination between the specialists and primary care physician is documented on the client encounter record.*

a. Last Year's Accomplishments

Reason measure chosen by PA: The State has contracts with comprehensive specialty clinics for direct health services. It is important to evaluate the contractor's efforts in addressing the State's priority needs. This will be accomplished through evaluation of key performance indicators including coordination of care.

Comprehensive Specialty Care Programs of the Bureau of Family Health: For a discussion, see National Performance Measure #3, *supra*.

b. Current Activities

No more narrative available here.

c. Plan for the Coming Year

No more narrative available here.

FIGURE 4B, STATE PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) Percent of sexually active teens (ages 15-17) who use Family Planning Services systems.				
1. Family Planning Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) Percent of Medicaid children (ages 1-2) who have received a blood lead screening test.				
1. Childhood Lead Poisoning Prevention Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Lead Information Line (not Title V funded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) Rate of deaths among children (ages 0-14) that are a result of unintentional injuries.				
1. Department of Health, Bureau of Chronic Disease and Injury Prevention, SAFE KIDS Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Shaken Baby Prevention and Education Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) State Performance Measure #4 is no longer reported. Measure #11: Percent of increase in families of CSHCN awareness of services provided by Title V for CSHCN.				
1. Special Kids Network / Community Systems Development / Healthy Babies/Healthy Kids Hotline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Reaching Out Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Parent to Parent of Pennsylvania	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PA Family Consultant Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Medical Home Integrated Care Coordination Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Early Childhood Education Linkage System (ECELS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Comprehensive Specialty Care Programs of the Bureau of Family Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Maternal Child Health Services via local Health Departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Family Health Nurse Consultant Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent of Child Deaths (age 0-19) reviewed by a local Child Death Review Team.				
1. Child Death Review Team	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) Improvement in the Bureau of Family Health participation in prevention initiatives that impact the condition and complications affecting CSHCN.				
1. Folic Acid Education Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Epilepsy and Related Disorders Outreach and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Building Inclusive Communities Mini-Grant Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. I am Your Child Campaign	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Love 'Em With a Checkup Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. PA Recreation and Leisure Line for Individuals with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Special Kids Network / Community Systems Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Tourette Syndrome Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Newborn Metabolic Screening Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Newborn Hearing Screening Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) State Performance Measure #7 is no longer reported. Measure #12: Percent of children with Special Health Care Needs who report receiving specialty care.				
1. Comprehensive Specialty Care Programs for the Bureau of Family Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Special Kids Network / Community Systems Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Medical Home Integrated Care Coordination Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) State Performance Measure #8 is no longer reported. Measure #13:Percent of School-age children (6-19) who are overweight or obese.				
1. Pennsylvania Advocates for Nutrition and Activity (PANA)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) Percent of children in regulated center-based childcare who are getting vision screening.				
1. ECELS / ECELStrak software	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) The number of visits to specialty clinics where coordination between the specialists and primary care physician is documented on the client encounter record.				
1. Comprehensive Specialty Care Programs of the Bureau of Family Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. OTHER PROGRAM ACTIVITIES

Toll-Free Hotline Efforts:

/2005/ The Bureau continues to maintain toll-free telephone service with TTY access through the Special Kids Network, Healthy Babies//Healthy Kids Hotline, Lead Information Line, and PA Recreation and Leisure Line for Persons with Disabilities. The lines purpose is to provide a resource for families and providers to ask questions about Bureau programs, client eligibility, reimbursement status, etc. Please see the more extensive discussions of the Bureau's toll-free helplines under National Performance Measure #2, et seq., supra.

Other Efforts:

Clinical Services Expansion Effort: In response to the MCH Advisory Council's comments about a lack of a state health center in Dauphin County, the Bureau of Community Health Systems is in the process of contracting clinical service with preferred provider agreements. These services include HIV, STD/TB, and immunizations, which are in Dauphin, Berks, and Butler Counties. District staff is providing MCH services outside of the clinical services, such as SIDS.

Perinatal HIV Transmission Action Learning Lab: The Association of Maternal and Child Health Programs (AMCHP) through a cooperative agreement with the Center for Disease Control and Prevention, Center for HIV, STD and TB Prevention has sponsored a two-part Action Learning Lab (ALL) to bring together cross-program teams of state health officials and other key players involved in the prevention of HIV transmission for pregnant women and their infants. Pennsylvania was one of only seven states chosen to participate in the ALL. Pennsylvania has chosen a physician outreach/education model for addressing issues surrounding the prevention of perinatal transmission of HIV. The ALL will end in early May 2002, with the final meeting of AMCHP and ALL traveling team members from the seven states. At that time, plans from all participants will be shared.

Minority Health Outreach Efforts: The Bureau of Family Health is reviewing the National Standards for Culturally and Linguistically Appropriate Services in Health Care, issued by the U.S. Department of Health and Human Services, Office of Minority Health. All programs will follow the standards where applicable. Many of the programs have already followed the standards or are taking steps to respond to the need to ensure that all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner. Specific activities related to the standards are mentioned in the programs throughout the Block Grant.

HIPAA: Health Insurance Portability & Accountability Act of 1996 (August 21, HIPAA), the Public Law 104-191, which amends the Internal Revenue Service Code of 1986. Also known as the Kennedy-Kassebaum Act. The Bureau of Family Health (BFH) Core System is undergoing review and evaluation of its processes, procedures and data, to determine the impact of HIPPA. The BFH has undergone an audit by Ernst and Young and presented it to the Department of Health (DOH). The DOH HIPPA task force will recommend to BFH the changes and methodology necessary for compliance.

The Transactions Rule was published on August 17, 2000. So the compliance date for that rule is October 16, 2002. Upon the development of a plan of action for compliance, and extension will be requested to ensure that DOH can become compliant. In the interim, BFH is continuing to make changes and adjustments in the areas it is currently aware that need to be compliant.

The Privacy Rule was published on December 28, 2000, but due to minor glitch didn't become effective until April 14, 2001. Compliance is required for the Privacy Rule on April 14, 2003. In the interim, BFH is continuing to make changes and adjustments in the areas it is currently aware that need to be compliant.

BFH is confident that all its systems, processes, procedures will meet, if not exceed the HIPPA requirements.

Organ Donor Awareness Program: Pennsylvania Law 1994-102 gave the Department expanded responsibility for heightening awareness to the need for organs and tissue needed for transplantation and the necessity for increasing participation in the voluntary contribution system. The Law established the Organ Donation Awareness Trust Fund and the Organ Donor Advisory Committee, and designated that up to 10% of the Trust Fund may be expended by the Department for the reimbursement of medical, funeral, and incidental expenses incurred by the donor or donor's family in connection with making a vital organ donation. The Bureau of Family Health continued to provide technical assistance to the Organ Donor Advisory Committee in their efforts during 2000 to develop a pilot program for the Department to reimburse for organ donation expenses. The Committee recommended a plan to the Department to implement a funeral benefit for organ donor families in connection with making a vital organ donation. Following an extensive internal review of the ethical and legal implications of the plan, the Department submitted an alternate plan to reimburse incidental expenses to the Committee and requested recommendations for implementation. The pilot plan will be fully implemented by December 31, 2001. It provides for the reimbursement of incidental expenses (lodging and meals) to a maximum of \$300 per donor. /2004/ During 2002, the first year of the pilot, sixty organ donors and their families were the beneficiaries of the Department's Organ Donor Benefit program with incidental lodging and meal expenses funded by the Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund. /2005/ During 2003, the second year of the three-year pilot, 144 organ donors and their families were the beneficiaries of the Department's organ Donor Benefit program funded by the Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund. //2005//

(Please see attachment for additional Program Activities)

F. TECHNICAL ASSISTANCE

Technical Assistance

/2005/ Please see Form 15 for an updated list of foreseeable Technical Assistance requests. //2005//

V. BUDGET NARRATIVE

A. EXPENDITURES

Annual Expenditures

/2004/ Form 3 (State Maternal and Child Health Funding Profile), Form 4 (Budget Details by Types of Individuals Served and Sources of Other Federal Funds), and Form 5 (State Title V Program Budget and Expenditures) have been completed in accordance with the guidance.//2004//

B. BUDGET

3.3.1 Completion of Budget Forms

/2005/ Form 2 (Maternal and Child Health Budget Details for FY 2005), Form 3 (State MCH Funding Profile), Form 4 (Budget Details by Types of Individuals Served and Sources of Other Federal Funds), and Form 5 (State Title V Program Budget and Expenditures by Types of Service) have been completed.

3.3.2 Other Requirements

/2005/ Pennsylvania's proposed budget for Federal Fiscal Year 2005 is in full compliance with the federally mandated "30%-30%" requirements. Of Pennsylvania's proposed federal grant award for 2004-2005, \$8,789,152 is designated for the support of preventive and primary services for children, and \$8,465,026 is designated for the support of services for children with special health care needs. Following is a summary of the utilization of available funds in relation to the levels of the pyramid.

1) Core Public Health/Infrastructure

Core public health services represent an increasing proportion of the services supported by Title V/Maternal and Child Health (MCH) Services Block Grant funds. Needs assessment, community development, local planning, and program evaluation have become the focus of our activities. We are actively engaged through local systems developed in our contracts with the county and municipal health departments, services provided by the Department's Bureau of Community Health Systems, the support of Safe Kids coalitions to prevent childhood injuries, and the Early Childhood Education and Linkage System (ECELS). We are actively working with other State agencies to assure appropriate services for MCH populations, including cooperation in local service system reform, interagency outreach efforts to get pregnant women and the families of young children into health care, and the expansion of mandatory Medical Assistance managed care.

In Bureau of Family Health, the majority of staff time is focused on infrastructure building services, which benefit all CSHCN regardless of condition. We have established a process to encourage CSHCN family input into policy and program development by providing reimbursement for out-of-pocket expenses families incur as a result of attending Department meetings, and we continue to actively seek additional ways to secure family input into policy and program decisions. We have improved linkages with other State agencies and private organizations to enhance the coordination of service systems for CSHCN. Numerous other activities, such as the provision of technical assistance, advocacy, education, and outreach, contribute to the quality of services provided to CSHCN.

2) Population-Based Individual Services

These services include newborn screening and follow-up, lead poisoning prevention, school

health services, /2005/ birth defects surveillance coupled with linkage to health care services and early identification intervention, newborn hearing screening and follow-up, //2005// and Sudden Infant Death Syndrome (SIDS) follow-up.

Current services for children with special health care needs include several outreach initiatives including folic acid, epilepsy and Tourette's Syndrome, as well as promotion of Division programs including Title V.

3) Enabling and Non-Health Support

Programs for children with special health care needs (CSHCN) which enable families to access services include the Family Consultant Program, which gives parents of CSHCN enhanced understanding of the hospital system; Parent to Parent of Pennsylvania, which connects parents of CSHCN to mentor parents and parent support groups; and the Ventilator Assisted Children's Home Program. **/2005/ The Bureau's Medical Home and Integrated Care Coordination Initiative is a cooperative initiative with the PA AAP, Pennsylvania's HRSA/MCHB grantee for medical home training program, to assure the Healthy People 2010's six core outcomes for CSHCN are achieved. The Bureau uses Title V Block Grant funds to support the PA AAP efforts to provide a medical home training program, "Educating Practices in Community -- Integrated Care" (EPIC -- IC), to assure a source of routine health care in communities that assists in early identification, provides ongoing primary care, and coordinates with a broad range of specialty, ancillary and related services. The EPIC -- IC training program emphasizes the role of a Medical Home practitioner in the integration of medical, medically-related and non-medical services for CSHCN and their families, including services necessary to make appropriate transitions to all aspects of adult life, in a manner that the required services will be organized and easily used by CSHCN and their families, and families of CSHCN will be involved in the decision making about the services they receive.//2005//**

4) Direct Health Care Services

Title V support for direct services to children with special health care needs has been dramatically reduced as a result of Pennsylvania's significant expansion of its Children's Health Insurance Program (CHIP). In addition, the Medical Assistance Program provides comprehensive coverage for children based on their meeting the Supplemental Security Income (SSI) definition of disability regardless of their parents' income. However, Title V and other State funds will always be needed to support direct health services for those CSHCN who are uninsured or under-insured and whose parents' income exceeds the MA and CHIP criteria. Services for CSHCN provided by the Bureau include direct health care, inpatient and outpatient, as well as comprehensive multi-disciplinary team specialty clinics. **/2005/ The I Am Your Child Program has not been approved for continuation, even at a significantly less funding as originally expected. //2005//**

Administrative Costs

/2005/ Section 505 of the Maternal and Child Health (MCH) Services Block Grant legislation limits the amount of the State's allocation that can be used for administration to not more than 10 percent. In FFY 2004-2005, Pennsylvania plans to expend \$1,930,000 or 7.53 percent for administration. The following is the definition of Administrative Costs used by the Pennsylvania Department of Health in administering the Maternal and Child Health Services Block Grant.

1. Personnel Costs

Personnel costs, including salaries and associated fringe benefits, are considered administrative if those costs are not incurred in the direct or indirect provision of prevention, education, intervention, or treatment services.

All personnel costs not included in this definition would be considered program and would not fall under the block grant administrative costs restriction.

2. Operational Costs

Operational costs are considered administrative if they are not required for the delivery of direct or indirect program services. Operational costs are considered program if they are utilized to support program-designated activities. The designations are by minor object of expenditure.

Maintenance of Effort Match

Section 505 of the Maternal and Child Health (MCH) Services Block Grant legislation requires that a State receiving funds shall maintain the level of funds being provided solely by such State for maternal and child health programs at a level at least equal to the level that the State provided for such programs in fiscal year 1989.

Pennsylvania bases maintenance of effort on a federal fiscal year, only including those state appropriations which are solely used for MCH; i.e., 100 percent MCH-related. In Federal Fiscal Year 1989, Pennsylvania's maintenance of effort was \$20,065,574.58, as detailed below in Table 2. For Federal Fiscal Year 2004, Pennsylvania's match will exceed the 1989 maintenance of effort level. The proposed expenditure of state Maintenance of Effort for FFY 2004-2005 is detailed below in Table 3.

Table 2

Maintenance of Effort (Match) Federal Fiscal Year 1989

State Funded Appropriations Amount

**108 School Health Services \$17,265,914.86
112 Maternal and Child Health 1,661,120.00
120 Sickle Cell Summer Camps 35,000.00
137 Tourette's Syndrome 100,000.00
164 Home Ventilators 1,003,539.72
TOTAL \$20,065,574.58**

Table 3

Planned Maintenance of Effort (Match) Federal Fiscal Year 2005

State Funded Appropriations Amount

**108 School Health Services \$39,532,000.00
112 Maternal and Child Health \$ 2,990,000.00
TOTAL \$42,522,000.00**

Note: Consistently, since 1989, the Bureau has used a constant set of appropriations to indicate our maintenance of effort match. Based on advice received from Region III when preparing the 2001 application, the Bureau increased the maintenance of effort to include all state appropriations administered by the Bureau. Afterward, it was noted by changing these variables, we would not have a constant comparison from year-to-year and were advised to return to the method indicated in this application.

(please see attachment for a better representation of the computational elements of this section)

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.